## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Aug 01 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # (0)ISSI CORP. Principal Place of Business Mailing Address 160 SW 12TH AVE. 160 SW 12TH AVE. DO NOT WRITE IN THIS SPACE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 3. Date Incorporated or Qualified 3a. Date of Last Report 01/30/1990 04/03/1996 2a. Mailing Address 4. FET Number 2. Principal Place of Business Applied For 26 65-0187942 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζιρ Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 Yes 25 30 Personal Property Tax due June 30. 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MOE, SCOTT Name Hua Sam 160 SW 12TH AVE., 109 82 Street Address (P.O. Box Number is Not Acceptable **DEERFIELD BEACH FL 33442** 83 84 City Beach 11. Pursuant to the provisions of Sections 607 0502 and 607 1508 florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both-in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and a ceptitite obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered (NOTE\_Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITCE DELETE Change Addition 1.1 70 LE HUA, SAM NAME 1.2 NAME 9463 LAKE SERENA DRIVE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE Addition FRANCIS, WILLIAM J NAME 22 NAME 8383 SENZCA TURNPIKE STREET ADDRESS 23 STHEET ADDRESS **NEW HARTFORD NY** CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE MOE, SCOTT NAME 3.2 NAME 3103 NW 2RD AVE., 2 STREET ADDRESS 3.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Channe Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

appears in Block 12 or Block 13 if changed, or on an attack

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