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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M89452

1. Corporation Name

## FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90087 036 \*\*\*150.00

	IISSAN, INC.							
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Principal Plac	e of Business	Mailing Address					AIBU BIBU BIBU	01411 B1811 1881
		108 MELROSE CT	,					
108 MELROSE CT PONTE VEDRA FL 32082  108 MELROSE CT PONTE VEDRA FL 32082								
						DO NOT WRITE IN THI	S SPACE	
		•				3. Date Incorporated or Qualifed		
						07/11/1988		
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	<del></del>	pplied For
21		26				62-1357427		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional Required
22		27						
City & Stat	te	City & State				6. Election Campaign Financing		May Be
23		28			-	Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ıtry		8. This corporation owes the current year I	ntangible Yes	<b>⊠</b> No
24	[25]	29	30			Personal Property Tax.  10. Name and Address of New Registere		<u> </u>
	9. Name and Address of Current	Registered Agent		81 Nam	ne .	10. Name and Address of New Adgrature	a Agont	
ROW	VE, WILLIAM S		ĺ	- [				
108 MELROSE CT				82 Stre	et Addre	ss (P.O. Box Number is Not Acceptable)		
	ITE VEDRA FL 32082		ŀ	83		,	_	
1011	THE VEDICAL I COURT			33				
			ţ	84 City			85 Zip	Code
		1 207 4500 EL 11 OL 1				tion submits this statement for the purpose	of changing it	te registered
3 Office or r	registered agent, or both, in the State c	if Florida. Such change was a	umonzea	by the co	rporation	ration submits this statement for the purpose i's board of directors. I hereby accept the app	ointment as i	registered
agent. I a	am familiar with, and accept the obligati	ions of, Section 607.0505, Flo	rida Statu	tes.		• • • • • • • • • • • • • • • • • • • •		-
SIGNATURE								1
3,3,1,1,0,1,=								
	Signature, typed or printed name of registered agent		<u> </u>	Agent signatu	re required	when reinstating) DATE	ND DIDECT	ODC IN 12
12.\	OFFICERS AND	DIRECTORS	13.		re required	when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A		
TITLE	OFFICERS AND		13. 1.1 TIT	Æ	re required		AND DIRECT ☐ Change	
	OFFICERS AND D ROWE, WILLIAM S.	DIRECTORS	13. 1.1 TIT 1.2 NA	LE ME				
TITLE	OFFICERS AND D ROWE, WILLIAM S. 108 MELROSE CT.	DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI	LE ME REET ADDRE				
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14. I 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 oath; 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 attachment with an address, with all other like empowered.

SIGNATURE: 2

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR