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Sep 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moorman</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000050 (5)**

1. Corporation Name

**INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATIO  
N, WEST FLORIDA CHAPTER, INC.**



Principal Place of Business <b>%CAROLYN JACOBSON. AUDIT SERVICES 701 6TH ST S ST PETERSBURG FL 33618</b>	Mailing Address <b>%CAROLYN JACOBSON. AUDIT SERVICES 701 6TH ST S ST PETERSBURG FL 33618</b>
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3. Date Incorporated or Qualified <b>01/06/1993</b>
4. FEI Number <b>NOT APPLICABLE</b>
Applied For Not Applicable

2. Principal Place of Business <b>21 Willie Ho</b> Suite, Apt. #, etc. <b>22 111 E. Madison St</b> City & State <b>23 Tampa, FL</b> Zip <b>24 33601</b>	2a. Mailing Address <b>26 Willie Ho</b> Suite, Apt. #, etc. <b>27 111 Madison St.</b> City & State <b>28 Tampa, FL</b> Zip <b>29 33601</b>	Country <b>25 USA</b>	Country <b>30 USA</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>JACOBSON, CAROLYN AUDIT SERVICES 701 6TH ST S ST PETERSBURG FL 33618</b>
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10. Name and Address of New Registered Agent <b>81 Name Willie Ho</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 111 E. Madison Ave</b> <b>83</b> <b>84 City Tampa</b> <b>85 Zip Code FL 33601</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Willie Ho* **08-20-98** DATE  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>HO, WILLIE</b>	1.1 TITLE <b>PD</b>	NAME <b>Walter J. Dye</b>
STREET ADDRESS <b>111 E. MADISON ST.</b>	CITY-ST-ZIP <b>TAMPA FL</b>	1.2 NAME <b>38053 Live Oak Ave.</b>	1.3 STREET ADDRESS <b>Dade City, FL 33523</b>
TITLE <b>V</b>	NAME <b>DENNIS, MARK</b>	2.1 TITLE <b>V</b>	NAME <b>George Delp</b>
STREET ADDRESS <b>201 E. KENNEDY BLVDE</b>	CITY-ST-ZIP <b>TAMPA FL</b>	2.2 NAME <b>Coopers &amp; Lybrand,</b>	2.3 STREET ADDRESS <b>101 E. Kennedy Blvd. Tampa, FL</b>
TITLE <b>V</b>	NAME <b>DENNIS, JENNIFER</b>	3.1 TITLE <b>T</b>	NAME <b>Susan Tibbits</b>
STREET ADDRESS <b>8301 W. IDLEWILD AVE</b>	CITY-ST-ZIP <b>TAMPA FL</b>	3.2 NAME <b>1614 54 Ave Blvd. W</b>	3.3 STREET ADDRESS <b>Palmetto, FL 43221</b>
TITLE <b>D</b>	NAME <b>DYE, WALLY</b>	4.1 TITLE <b>S</b>	NAME <b>Kelly Black</b>
STREET ADDRESS <b>705 E LIVE OAK AVE</b>	CITY-ST-ZIP <b>DADE CITY FL</b>	4.2 NAME <b>8800 Hidden River</b>	4.3 STREET ADDRESS <b>Salomon Brothers Tampa, FL</b>
TITLE <b>D</b>	NAME <b>JACOBSON, CAROLYN</b>	5.1 TITLE <b>D</b>	NAME <b>Willie HO</b>
STREET ADDRESS <b>701 6TH ST S</b>	CITY-ST-ZIP <b>ST PETERSBURG FL</b>	5.2 NAME <b>111 E. Madison Street</b>	5.3 STREET ADDRESS <b>Tampa, FL</b>
TITLE <b>D</b>	NAME <b>GILBERT, JOSEPH</b>	6.1 TITLE	NAME
STREET ADDRESS <b>401 W. KENNEDY</b>	CITY-ST-ZIP <b>TAMPA FL</b>	6.2 NAME	STREET ADDRESS
		6.3 STREET ADDRESS	CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carolyn Jacobson* **4-9-98**

CP2E037 (10/97)