

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Worthing  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
FILES  
95 MAY -1 11 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004573 (1)**

1. Corporation Name  
**I.S.I.A. COMPTETITERS CLUB, INC.**

Principal Place of Business Mailing Address  
**7500 CANADA AVENUE ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/13/1994** 3a. Date of Last Report **N/A**

4. FEI Number **59-3266157** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**BYRD, JAMES S JR.  
807 S. ORLANDO AVENUE  
SUITE H  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when existing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>SCHNECK, GLENN A</b>
STREET ADDRESS	<b>2412 COCO BAY CIRCLE</b>
CITY - ST - ZIP	<b>KISSIMEE FL 34743</b>
TITLE	<b>D</b>
NAME	<b>CANNETTI, THOMAS E</b>
STREET ADDRESS	<b>2492 TANDORI CIRCLE</b>
CITY - ST - ZIP	<b>ORLANDO FL 32827</b>
TITLE	<b>D</b>
NAME	<b>ZALLOUM, STEPHANIE A</b>
STREET ADDRESS	<b>1776 PROVIDENCE BLVD.</b>
CITY - ST - ZIP	<b>DELTONA FL 32725</b>
TITLE	<b>D</b>
NAME	<b>GROSS, DEBRA A</b>
STREET ADDRESS	<b>10304 LARISSA STREET</b>
CITY - ST - ZIP	<b>ORLANDO FL 32821</b>
TITLE	<b>D</b>
NAME	<b>MATTAR, S. DIANE</b>
STREET ADDRESS	<b>332 CINNAMON BARK LANE</b>
CITY - ST - ZIP	<b>ORLANDO FL 32835</b>
TITLE	<b>Hebert, Brian C. DABOETZON</b>
NAME	<b>118 Diamond Acres Road</b>
STREET ADDRESS	<b>Davenport, Florida 33837</b>
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>KATZ, RUTH</b>
13 STREET ADDRESS	<b>14328 Jabot Lane</b>
14 CITY - ST - ZIP	<b>Orlando, FL 32837</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 the 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: **S. Diane Mattar, Treasurer** **4/29/95** **298-0405**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)

**S. Diane Mattar, Treasurer**