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04-27-1999 90045 038 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003716

1. Corporation Name

**ISPI INCORPORATED-SOUTH FLORIDA GOLD COAST CHAPT
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Principal Place of Business

 6072 EAGLES NEST DR
 6072 EAGLE'S NEST DRIVE
 JUPITER FL 33458
 US

Mailing Address

 6072 EAGLES NEST DR
 6072 EAGLE'S NEST DRIVE
 JUPITER FL 33458
 US


2. Principal Place of Business 21 7584 N.W. 70th Way Suite, Apt. #, etc. 22 City & State 23 Parkland, FL Zip 24 33067-3950 Country 25 US	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 07/11/1996 4. FEI Number 59-2687131 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

 CASPAR, MARIANNE
 6072 EAGLES NEST DR
 JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name Lupton, Laura	82 Street Address (P.O. Box Number is Not Acceptable) 7584 N.W. 70th Way	83	84 City Parkland	85 Zip Code FL 33067
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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: *Laura Lupton*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUPTON, LAURA 7548 NW 70TH WAY PARKLAND FL 33067 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D LUPTON, LAURA 7584 N.W. 70th Way Parkland, FL 33067-3950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOUREDDIN, LOUBNA 19370 COLLINS AVE, #1508C N MIAMI BEACH FL 33160 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPHSON, JAN 10790 NW 14TH ST, #187 PLANTATION FL 33322 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D VILLACORTA, NOEL 11320B N.W. 35th Court Coral Springs, FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUCKLEY, SUSAN 1013 WOODFIELD CIR PALM BEACH GARDENS FL 33410 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASPER, MARIANNE 6072 EAGLES NEST DR JUPITER FL 33458 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VD PINCU, GLORIA 600 S. W. 75th Terrace Plantation, FL 33317 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Laura Lupton* SIGNATURE REQUIRED

4-22-99

954-340-0775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)