

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90122 018 \*\*\*\*70.00

0050926

DOCUMENT # N97000006831

1. Corporation Name

ISPEN, INC.

Principal Place of Business

4429 BASS STREET  
TAMPA FL 33617

Mailing Address

4429 BASS STREET  
TAMPA FL 33617



2. Principal Place of Business

21 17110 Carrington Park Dr.

Suite, Apt. #, etc.

22 #806

City & State

23 Tampa Palms, FL

Zip

24 33647

Country

25 U.S.A.

2a. Mailing Address

26 17110 Carrington Park Dr.

Suite, Apt. #, etc.

27 #806

City & State

28 Tampa Palms, FL

Zip

29 33647

Country

30 U.S.A.

3. Date Incorporated or Qualified

12/08/1997

4. FEI Number

59-3491383

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

9. Name and Address of Current Registered Agent

PENIEL, ISRAEL  
4429 BASS STREET  
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name

Peniel, Israel

82 Street Address (P.O. Box Number is Not Acceptable)

17110 Carrington Park Dr.

83 #806

84 City

Tampa Palms

FL

85 Zip Code

33617

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PENIEL, ISRAEL  
STREET ADDRESS 4429 BASS STREET  
CITY-ST-ZIP TAMPA FL 33617

TITLE D ☐ DELETE

NAME JOHNSON, VICTORIA  
STREET ADDRESS 3007 E. IDLEWILD ST.  
CITY-ST-ZIP TAMPA FL 33610

TITLE D ☐ DELETE

NAME PENIEL, GLORIA  
STREET ADDRESS 4429 BASS STREET  
CITY-ST-ZIP TAMPA FL 33617

TITLE D ☐ DELETE

NAME JOHNSON, BERNADETTE  
STREET ADDRESS 524 W. THARPE ST. #50  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

17110 Carrington Park Dr

Tampa Palms, FL 33617

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

17110 Carrington Park Dr.

Tampa Palms, FL 33617

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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 all other like empowered.

SIGNATURE *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99 813 493-8365  
Date Daytime Phone #

CR2E037 (11/98)