

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P07183

(7)

1. Corporation Name

IASUN, INCORPORATED



Principal Place of Business

1202 MACRAE AVE
CLEARWATER FL 34615
US

Mailing Address

1202 MACRAE AVE
CLEARWATER FL 34615
US

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

KUSHNER, STEVEN
1202 MACRAE AVENUE
CLEARWATER FL 34615

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

08/21/1985

3a. Date of Last Report

04/28/1995

4. FEI Number

59-2618302

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

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of signatory on this form

Signature typed or printed name of signatory on this form

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KUSHNER, STEVEN
STREET ADDRESS 1202 MACRAE AVENUE
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE VD
NAME KUSHNER, MARJORIE
STREET ADDRESS 317 BUTTWOOD LANE
CITY-ST-ZIP HARBOR BLUFFS FL ☐ DELETE

TITLE STD
NAME KUSHNER, PATRICIA L.
STREET ADDRESS 1202 MACRAE AVENUE
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP ☐ Change ☐ Addition

2. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP ☐ Change ☐ Addition

3. TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP ☐ Change ☐ Addition

4. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP ☐ Change ☐ Addition

6. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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.

SIGNATURE:

Steve Kushner

Steve Kushner

4-8-96

813-443-3695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE #

CR2E034 (12/95)