

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90109 050 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P16217**

1. Corporation Name  
**ISS INTERNATIONAL SERVICE SYSTEM, INC.**



Principal Place of Business  
 1955 LAKE PARK DRIVE  
 STE 300  
 SMYRNA GA 30080

Mailing Address  
 1955 LAKE PARK DRIVE  
 STE 300  
 SMYRNA GA 30080

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 10/01/1987 (FL)

2. Principal Place of Business  
 21 **1600 PARKWOOD CIRCLE**

2a. Mailing Address  
 26 **C/O BHI MGT. SERVICES, INC**

4. FEI Number  
**13-3083344**

Applied For  
 Not Applicable

Suite, Apt. #, etc.  
 22 **SUITE 400**

Suite, Apt. #, etc.  
 27 **4800 N. FEDERAL HIGHWAY SUITE 200B**

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

City & State  
 23 **ATLANTA GA**

City & State  
 28 **BOCA RATON FL**

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

Zip Country  
 24 **30339 USA**

Zip Country  
 29 **33431 USA**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYES ST.  
 STE. 105  
 TALLAHASSEE FL 32301

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **NIA**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**  DELETE  
 NAME **MATERO, RICHARD**  
 STREET ADDRESS **1955 LAKE PARK DRIVE**  
 CITY-ST-ZIP **SMYRNA GA 30080**

1.1 TITLE  Change  Addition  
 1.2 NAME **RAYMOND GROSS**  
 1.3 STREET ADDRESS **1600 PARKWOOD CIRCLE, SUITE 400**  
 1.4 CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **ST**  DELETE  
 NAME **WILLIAMS, GEORGE**  
 STREET ADDRESS **1955 LAKE PARK DRIVE**  
 CITY-ST-ZIP **SMYRNA GA 30080**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS **1600 PARKWOOD CIRCLE, #400**  
 2.4 CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **AS**  DELETE  
 NAME **MALLORY, DAVID**  
 STREET ADDRESS **1955 LAKE PARK DRIVE**  
 CITY-ST-ZIP **SMYRNA GA 30080**

3.1 TITLE  Change  Addition  
 3.2 NAME **STEVEN LEVINE**  
 3.3 STREET ADDRESS **4800 N. FEDERAL HIGHWAY, #400**  
 3.4 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME **T ANN OLBERT**  
 4.3 STREET ADDRESS **4800 N. FEDERAL HIGHWAY, #400**  
 4.4 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 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 607, 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: **[Signature]** DATE **5/1/99** DAYTIME PHONE # **(561) 361-4908**

CR2E034 (11/98)