

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P37843** (0)
1. Corporation Name
ISEC, INCORPORATED

Principal Place of Business P. O. BOX 6849 ENGLEWOOD CO 80155	Mailing Address P. O. BOX 6849 ENGLEWOOD CO 80155
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/10/1992	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 84-0577348	Applied For ☐ Not Applicable
22 City & State	23	29 City & State	30	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code FL

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		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	CDP	☐ DELETE			
NAME	ANDERSON, LEWIS L.				
STREET ADDRESS	P. O. BOX 6849 N/A				
CITY-ST-ZIP	ENGLEWOOD CO 80155				
TITLE	VDST	☐ DELETE			
NAME	SHAW, DONALD F.				
STREET ADDRESS	P. O. BOX 6849, 33 INVERNESS DR. EAST				
CITY-ST-ZIP	ENGLEWOOD CO 80155				
TITLE	VD	☐ DELETE			
NAME	MORISHIGE, DENNIS Y.				
STREET ADDRESS	P. O. BOX 6849, 33 INVERNESS DR. EAST				
CITY-ST-ZIP	ENGLEWOOD CO 80155				
TITLE	VD	☐ DELETE			
NAME	NORBLOM, JOAN				
STREET ADDRESS	P. O. BOX 6849, 33 INVERNESS DR. EAST				
CITY-ST-ZIP	ENGLEWOOD CO 80155				
TITLE	VD	☐ DELETE			
NAME	LONG, GIL				
STREET ADDRESS	P.O. BOX 6849, 33 INVERNESS DR. EAST				
CITY-ST-ZIP	ENGLEWOOD CO 80155				
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		☐ Change ☐ Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		☐ Change ☐ Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		☐ Change ☐ Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		☐ Change ☐ Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		☐ Change ☐ Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 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 checked, or on an attachment with an address.

CR2E034 (5/98)