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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90009 020 \*\*\*550.00

DOCUMENT# 73 18 45 (0)							
ISEC, Incorporated							
ISC, Dried por when							
Principal Place of Business Mailing Address			-				
P.O. Box 6849 P.O. Box 6849							
10.00			DO NOT WRITE IN THIS SPACE				
Englewood, Co 80155 Englewood, Co 80155			3. Date Incorporated or Qualifed				1
,				3//0/1992 4. FEI Number Applied For			
Principal Place of Business     Za. Mailing Address	- · · · · · · · · · · · · · · · · · · ·			577 348	· ++	plied For	1
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.	Suite, Apt. #, etc.			- 10	\$8.75 A	t Applicable_	1
22				5. Certificate of Status Desired			
City & State City & State			6. Election Campaign Financing \$5.00 May Be				1
23     28	Country Zip Country			_			
	29 30		8. This corporation owes the current year Intangible Personal Property Tax.				1
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				ì
CT Corporation System	Name						
	82	Street Address (P.O. Box Number is Not Acceptable)					
1200 South Pine Island F	Kal 📙						ì
Plantation, FL 33324	83						ì
Plantation; + 1 33307	84	City		FL	85 Zip C	ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida St	tatutes, the above	e-named corpo	ration submits this statemen	t for the purpose of c	hanging its r	registered	
office or registered agent, or both, in the State of Florida. Such change wagent. I am familiar with, and accept the obligations of, Section 607.0505,			n's board of directors. I herei	by accept the appoint	tment as reg	listered	
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (If  12. OFFICERS AND DIRECTORS	NOTE: Registered Ager	t signature required	when reinstating) ADDITIONS/CHANGES	TO OFFICERS AND	D DIRECTOR	RS IN 12	(11/98)
TITLE COP DELETE		VD		10 011 102101	☐ Change	Addition	7
NAME Anderson, Lewist.	1.2 NAME	M	degan, busty	/			34
STREET ADDRESS PO. BOX 6849	1.3 STREET	ADDRESS 3	Phverness	by easi			CR2E034
CITY-ST-ZIP Englewood, Co 80155	1.4 CITY-S	r-zip	englewood	, CO 8011.	<del>Z</del>		낉
TILE VOST	2.1 TITLE		,		☐ Change	☐ Addition	O
NAME SHAW, Donald F.	2.2 NAME					Į	
STREET ADDRESS 33 Inverness Dr. East.	2.3 STREET	. ~	م به ب	·		·• ·	
CITY-ST-ZIP ENGIEWOOD CO 80112	2. 4 CITY-S E 3.1 TITLE	T-ZIP			Change	Addition	
_	3.1 IIILE						
STREET ADDRESS 33 INVENUES Dr. East	3.3 STREET ADORESS						
CITY-ST-ZIP ENGIEWOOD, CO 80112	3.4. CITY-S					ĺ	
TITLE VD DELETE					Change	Addition	
NAME NORblom, Joan	4. 2 NAME					ì	
STREET ADDRESS 33 INVERNESS Dr. East CITY-ST-ZIP ENGLEWOOD, CO 80112	4.3 STREET	ADDRESS					
CITY-ST-ZIP & MG1EWOOD, CO 80112	4,4 CITY-S	r-ZIP	<u></u> -			<u>-</u>	
VB a Cilloant		1			Change	☐ Addition	
NAME LONG, GINGET	5.2 NAME 5.3 STREET	ADDRESS					
STREET ADDRESS BB. INVERNESS Dr East	5.3 STREET					[	
TITLE US CONTROL DELETE					Change	Addition	
NAME Whitaker, Cynthia	6.2 NAME				_ v-	_	
STREET ADDRESS 33 Inverses Dr. East	6.3 STREET	ADORESS				[	
CITY-ST-ZIP ENGLEWOODD, CO 80/12	6.4 CITY-ST	r-ZiP					
14. I hereby certify that the information supplied with this filing does not qualify	y for the exempti	on stated in Se	ction 119.07(3)(i), Florida St	atutes. I further certif	y that the inf	formation	

indicated on this annual report or supplied will this ming 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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Donald F. Shaw