Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90110 043 \*\*\*150.00

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

PROFIT · **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000013166

1. Corporation								
INTERNATIONAL SCIENTIFIC RESOURCES, INC.								
					) (486)(48) (48) (6188 FI)(1 <b>48</b> ) (4	100 PEN 1111	<b>                                 </b>	AND IN III
	•							
Principal Place of Business Mailing Address					4 10011001 tim iting titti natti a	Etii Bairi Bata	)	7111 <b>0 6</b> 111 1 <b>00</b> 1
132 GREENBRIAR DRIVE 132 GREENBRIAR DRIVE							•	
LAKE PARK FL 33403 LAKE PARK FL 33403					DO NOT WEIZE IN THE CRACE			
US US			•		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	l		
2. Principal Place of Business 2a. Mailing Address					02/23/1993 4. FEI Number	_	Δη	olied For
<del></del> 1	lace of Business	2a. Mailing Address			23-2488102		<u> </u>	Applicable
(		Suite Ant # etc	uite, Apt. #, etc.				\$8.75 A	
22		27		5. Certifcate of Status Desired		Fee Rec		
City & State		City & State		6. Election Campaign Financing	<del>-</del>	\$5.00.0	May Be	
23		28		Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Coun	try	8. This corporation owes the cur	тепt year In	tangible	
24	25 29 30		0		Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New	Registered	Agent	
A				31 Name <b>7</b>	EUSCHER, ADR	1211	# .	
tevisher, adrian h			1	32 Street Add	Iress (P.O. Box Number is Not Accept	table)		
132 GREENBRIAR DRIVE				/3	2 GREENBRIAR	DRA	1E_	
LAKE PARK FL 33403			1	33				\$
			1	34 City /			85 Zip C	ode
					ALE PARE	Fl	_ 33	ode 4o3
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes,	the abo	ove-named corp	poration submits this statement for the	purpose o	f changing its	registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statut	es.	ion's board of directors. Thereby acce	spr are appe	municing do vog	,iotoroa
SIGNATURE	, ,							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere				gent signature requir		DATE		50.01.40
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO O	FFICERS A	Change	Addition
TITLE			1,1 TITL		•		Citalião	_ Addition
NAME	TEOCOTIET, TISTATA		1.2 NAV					
STREET ADDRESS	TOE CITEE TO THE			EET ADDRESS				ļ
CITY-ST-ZIP				'-ST-ZIP			Change	Addition
TITLE			2.1 TITL	- 1			☐ Gridingo	
NAME			2.2 NAM	Ì				-
STREET ADDRESS				EET ADDRESS				ļ
CITY-ST-ZIP				Y-ST-ZIP		-	<sup>€</sup> ☐ Change	Addition
TITLE			3.1 TITL 2.2 NAM			•		
NAME			3.2 NAM					
STREET ADDRESS	1		1	EET ADDRESS	•			
CITY-ST-ZIP	CET .		3.4. CIT 4.1 TITL	Y+ST-ZIP			Change	Addition
TITLE		4.11		ì			-11811G-3	
NAME								Ì
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				'-ST-ZIP			☐ Change	Addition
TITLE		C percie	5.1 TITL 5.2 NAM					
NAME				EET ADORESS				1
STREET ADDRESS	·		1	-ST-ZIP				Ì
CITY-ST-ZIP TITLE			6.1 TITL		· · · · · · · · · · · · · · · · · · ·	_	☐ Change	Addition
NAME	,	<u> </u>	6.2 NAM	IE			-	ļ
STDEET ADDRESS				EET ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS