

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

FILED
Apr 14 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 # P93000058553 (7)
1. Corporation Name
ISC OF WEST FLORIDA, INC.



Principal Place of Business 815 NW 57 AVE SUITE 300 MIAMI FL 33126	Mailing Address 815 NW 57 AVE SUITE 300 MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 815 NW 57 Ave. Suite, Apt. #, etc. 22 Ste. 300 City & State 23 Miami, Florida Zip 24 33126		2a. Mailing Address 26 5420 LBJ Freeway Suite, Apt. #, etc. 27 # 1400 City & State 28 Dallas, TX Zip 29 75240		3. Date Incorporated or Qualified 08/20/1993	
				4. FEI Number 65-0436339	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BREEDEN, DON M 815 NW 57 AVE SUITE 300 MIAMI FL 33126				10. Name and Address of New Registered Agent 81 Name Russ Selinger 82 Street Address (P.O. Box Number is Not Acceptable) 815 NW 57TH Ave. # 300 83 84 City Miami FL 85 Zip Code 33126			
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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 Russ Selinger Russ Selinger-President (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREEDEN, DON M			1.2 NAME	Russ Selinger		
STREET ADDRESS	815 NW 57 AVE SUITE 300			1.3 STREET ADDRESS	815 NW 5th Ave. #300		
CITY-ST-ZIP	MIAMI FL 33126			1.4 CITY-ST-ZIP	Miami, FL 33126		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP Finance	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENRUBI, EVAN S			2.2 NAME	Chris Nehls		
STREET ADDRESS	815 NW 57 AVE SUITE 300			2.3 STREET ADDRESS	5420 LBJ Freeway # 1400		
CITY-ST-ZIP	MIAMI FL 33126			2.4 CITY-ST-ZIP	Dallas, TX 75240		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: Chris Nehls Chris Nehls 3/20/98 214-571-1600

CR2E034 (10/97)