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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000068918

1. Corporation Name

ISOLA & ASSOCIATES, INC.

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90188 034 ***150.00

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Principal Place			iling Address				İ				
235 S. MAITLAN	ND AVE	PO	BOX 941483 ED delete	•			Į.				
SUITE 102	10764		TLAND FL 32794-1483				DO NOT WRITE IN THIS SPACE				
MAITLAND FL 32751 MAITLAND FL 32794-1483 US US							3. Date Incorporated or Qualif				
50		•					09/29/1993				
2 Principal P	lace of Business		Mailing Address				4. FEI Number			Appl	ed For
21		26				59-3213092		Not Applicable			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Sa.75 Additional					
22	•	27	<u></u>				5. Certificate of Status Desired		Fee	e Requ	ired
City & State			City & State			6. Election Campaign Financing \$5.00 May					
23		28					Trust Fund Contribution			led to	Fees
Zip	Country	Щ	Zip	Cou	ntry		8. This corporation owes the c	urrent year Inta	ingible ∐Yes	10	ÍΝο
24	25	29		30			Personal Property Tax. 10. Name and Address of Ne	v Pagistarad i		- /	Q140
	9. Name and Address of Cu	rrent Regist	ered Agent		81	Name	TV. Name and Address of Ne	w veftereign	Acin		
ICAF	RDI, JEFFREY A										
990 LEWIS DRIVE					82	Street Addr	ess (P.O. Box Number is Not Acce	eptable)			
	TER PARK FL 32789				83						
				İ							
					84	City		FL	85	Zip Co	de
		~~~	7 4500 Et 24 Ot-4-1				oration submits this statement for on's board of directors. I hereby ac	he numose of	changin	n its re	gistered
SIGNATURE	Signature, typed or printed name of registered	d agent and title it S AND DIRE		Registered	Agen	t signature require	d when reinstating)  ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRE	CTOR	S IN 12
TITLE	D	YUD DIKE	DELETE	1.1 T/7	n F		ABBITIONS/GIBATOLS TO	011102.10111	Cha		Additio
NAME	ISOLA, ROBERT E			1.2 NA			*•.*				
STREET ADDRESS	235 S MAITLAND AVE STE	102				ADDRESS					
CITY-ST-ZIP	MAITLAND FL				REFI						
TITLE	10000						32751				
NAME			☐ DELETE	1.4 CF 2.1 TF	TY-S]		32751		☐ Cha	nge	☐ Additio
STREET ADDRESS			DELETE	1.4 CF	TY-SI TLE		32751		☐ Cha	nge	☐ Additio
CITY-ST-ZIP			☐ DELETE	2.1 7II 2.2 NA	TY-SI TLE MME		32751		☐ Cha	nge	Additio
				2.1 7II 2.2 NA	TY-SI TLE AME TREET	T-ZIP	32751				
TITLE			DELETE	2.1 TII 2.2 NA 2.3 ST	TY-SI TLE AME TREET	T-ZIP	32751	September 1997	☐ Cha		☐ Additio
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				2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST	TY-SI TLE AME TREET TLE AME TREET	T-ZIP T ADDRESS ST-ZIP T ADDRESS	32751				
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			- DELETE	1.4 CCT 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TII 3.2 NA 3.3 ST 3.4 CC 4.1 TII 4.2 N. 4.3 ST 4.4 CC 5.1 TW	TY-SI TLE TREET TREET TLE TREET TY-S TLE TREET TY-S TLE TY-SI TLE TY-SI TLE	T-ZIP  I ADDRESS ST-ZIP  I ADDRESS IT-ZIP  I ADDRESS IT-ZIP	32751	•	Cha	nge	☐ Additio
NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETE	1.4 CCT 2.1 TII 2.2 NA 2.3 ST 2.4 CCI 3.1 TII 3.2 NA 3.3 ST 3.4 CCI 4.1 TII 4.2 N. 4.3 ST 4.4 CCT 5.1 TII 5.2 NA	TY-SI TLE TREET TITY-S TLE TREET TY-S TLE TREET TY-S TLE TY-S TLE TY-S TLE	T-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS T-ZIP	32751	· ·	Cha	nge	☐ Additio
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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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

39-(110

Change

___ Addition