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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000071654 (6) DOCUMENT

ISYS CORPORATION

FILED Jan 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3452 LAKE LYNDA DR 3452 LAKE LYNDA DR **SUITE 350** SUITE 350 DO NOT WRITE IN THIS SPACE ORLANDO FL 32817 ORLANDO FL 32817 3. Date Incorporated or Qualified 10/12/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1035 S. Semoran Blva PO BOX 26 Not Applicable 59-3205633 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Dinter \Box 28 Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible USA 29 32793-4480 30 Yes 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BOGGESS, DARCY J 3452 LAKE LYNDA DR 82 SLITE 350 Semoran Blva 1035 BJ ORLANDO FL 32817 100 Zip Code 3279 84 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 istered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE PSTD Change Addition TITLE Boggess, Darcy J BOGGESS, DARCY J 1.2 NAME NAME CR2E034 1035 S. Semoran Blvd, Svite 1007 3452 LAKE LYNDA DR STE 350 STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32817 Winter Park FL 32792 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 4.1 10TLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 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 changes or on an attaching it with an address.