

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000077357 (0)

1. Corporation Name  
ISOKERN EAST, INC.



Principal Place of Business  
8917 WESTERN WAY  
SUITE 120  
JACKSONVILLE FL 32257

Mailing Address  
8917 WESTERN WAY  
SUITE 120  
JACKSONVILLE FL 32257

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

3. Date Incorporated or Qualified  
11/08/1993

3a. Date of Last Report  
11/17/1995

4. FEI Number  
58-2086041

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

LYNCH, JOHN  
15 MARIN PLACE  
PONTE VEDRA FL 32082

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

Signature, typed or printed name of registered agent and the date applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	STEVENS, JEFFREY	2219 OCEAN FOREST DR.	ATLANTIC BEACH FL	<input type="checkbox"/>
ST	PELLEY, JOE C	17 SEA BASS LANE	PONTE VEDRA BEACH FL	<input checked="" type="checkbox"/>
VP	SPADARO, CARL	17 SEA BASS LANE	PONTE VEDRA BEACH FL	<input type="checkbox"/>
D	LYNCH, JOHN	15 MARIN PLACE	PONTE VEDRA BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
D	WALTER M. STYS	8917 WESTERN WAY - SUITE 120	JACKSONVILLE FL 32256	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VP	CARL SPADARO	8917 WESTERN WAY - SUITE 120	JACKSONVILLE FL 32256	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Walter M. Stys - WALTER M. STYS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96  
Date

904-3633417  
Telephone Number

CR2E034 (12/95)