2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2006 8:00 am Secretary of State

(954) 809-2626 Daytime Phone #

DOCUMENT # P94000027564 1. Entity Name I S S, INC.									03-02-2006	90006 01	.9 ***150	0.00	
Principal Place of Business Mailing Address								ני					
1000 SOUTH PINE ISLAND ROAD, #800 1000 SOUTH PINE ISLAND ROAD						D, #800:							
PLANTATION, FL 33324 US				#800 Plantation, FL 33324 US									
2. Principal Place of Business				3. Mailing Address									
2. Principal Flace of Business				5. Maining Address] 			AI BIILD BUII BLD		
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				01262006	Chg-P	CR2E03	34 (11/05)		
City & State			City	City & State				4. FEI Numbe 65-048			<u> </u>	plied For t Applicable	
Zip	ip Country		Zíp	Zip Cour		try	5 Certificate of Status Desired \$8:75 Additional			itional			
6. Name and Address of Current F			Register	l Registered Agent			7. Name and Address of New Registered Agent						
o. Raile and Address of Garton Registered Agent							Name '						
CORPORATION SERVICE COMPANY 1201 HAYS STREET						Street Address (P.O. Box Number is Not Acceptable)							
TALLAHASSEE, FL 32301										-	*.		
						City	FL Zip Code						
8. The above	named entit	y submits this statement for	ed agent, or bo	th, in the State of Flo		 amiliar with,	and accept						
 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 													
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require										DATE			
17-12 - Types of the second of													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.								.00 May Be ed to Fees					
10.		OFFICERS AND	DIRECTO	DIRECTORS 11.				ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
TITLE NAME	DP	JOHN .:		Detete TITL							Change	Addition	
STREET ADDRESS	REET ADDRESS 1000 S. PINE ISLAND RD., #800			STRE									
CITY-ST-ZIP	-	TION, FL 33324		CITY								- <u>-</u> -	
TITLE NAME	VPAS KARAWA	N, HOWARD		☐ Delete		LE ME					☐ Change	☐ Addition	
STREET ADDRESS	1000 S. PINE ISLAND RD., #800			STR									
CITY-ST-ZIP	PLANTATION, FL 33324					-ST-ZIP							
TITLE NAME	S MURTHA	S Delete MURTHA, WILLIAM C				E E					☐ Change	Addition	
STREET ADDRESS	2106 NEV	2106 NEWROAD, C7											
CITY-ST-ZIP	LINWOOI					-ST-ZIP -	0:70	otor Nice	President		☐ Change	Addition	
title Name				☐ Delete	TITL: NAM		Rich	ard M. l	President evine enue, 5th	Floor	C crange	Noningii	
STREET ADDRESS]					ET ADDRESS -ST-ZIP	730	n York.	NN 10012)			
CITY-ST-ZIP	<u> </u>			☐ Defete	TITL		ive	ינווסף א	1001	·	☐ Change	☐ Addition	
NAME				Detere	NAM						C. Change		
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP							
TITLE				☐ Delete	TITL		ļ			-	☐ Change	Addition	
NAME OVERT LEBESSO	j.			NAM									
STREET ADDRESS CITY-ST-ZIP						ET ADORESS -ST-Zip							
12. I hereby	certify that th	ne information supplied wit	h this filing	does not qualify for	or the ex	emptions c	ontained	in Chapter 11	9, Florida Statutes. I	further certi	fy that the in	nformation	
indicated of the cor changed	on this report poration or t , or on an att	ort or supplemental report the receiver or trustee emp achment with an address,	is true and powered to with all of	accurate and that in execute this report per like empowered	my signa : as requ .	ture shall h ired by Cha	ave the s opter 607	same legal effe 7, Florida Statuti	ct as it made under o as; and that my name	oath; that I a e appears ir	m an officer i Block 10 or	or director r Block 11 if	