

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90249 031 ***150.00

DOCUMENT # P94000027564



1. Entity Name
I S S, INC.

Principal Place of Business 1415 E. SUNRISE BOULEVARD 10TH FLOOR FT LAUDERDALE FL 33304 US	Mailing Address 1415 E. SUNRISE BOULEVARD 10TH FLOOR FT LAUDERDALE FL 33304 US
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10012620



2. Principal Place of Business 1000 S. Pine Island Rd. Suite, Apt. #, etc. #800	3. Mailing Address 1000 S. Pine Island Rd. Suite, Apt. #, etc. #800
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CHECK HERE IF MAKING CHANGES

City & State Plantation, FL	City & State Plantation, FL	4. FEI Number 65-0483536	Applied For <input type="checkbox"/> Not Applicable
Zip 33324	Country USA	Zip 33324	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPRATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP	<input type="checkbox"/> Delete	TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALLISON, JOHN		NAME Allison, John	
STREET ADDRESS 1415 E. SUNRISE BOULEVARD		STREET ADDRESS 1000 S. Pine Island Rd., #800	
CITY-ST-ZIP FT LAUDERDALE FL 33304		CITY-ST-ZIP Plantation, FL 33324	
TITLE VPAS	<input type="checkbox"/> Delete	TITLE VPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KARAWAN, HOWARD		NAME Karawan, Howard	
STREET ADDRESS 1415 E. SUNRISE BLVD.		STREET ADDRESS 1000 S. Pine Island Rd., #800	
CITY-ST-ZIP FORT LAUDERDALE FL 33304		CITY-ST-ZIP Plantation, FL 33324	
TITLE S	<input type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MURTHA, WILLIAM C		NAME Murtha, William C.	
STREET ADDRESS 1133 BOARDWALK		STREET ADDRESS 2106 NEW ROAD, 07	
CITY-ST-ZIP ATLANTIC CITY NJ 08401		CITY-ST-ZIP LINWOOD, NJ 08221	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOHN R. ALLISON** 1/22/2003 (954) 809-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)