05-05-1999 90223 017 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000046282

1. Corporation Name

Principal Place of Business

HOUSE OF ISIS, INC.

I intolpart lace	, 0, D00									
3801 S. OCEAN DR.			3801 S. OCEAN DR. 4-W							
4-W   HOLLYWOOD FL 33019			HOLLYWOOD FL 33019				DO NOT WRITE IN THIS SPACE			
US			US				3. Date Incorporated or Qualifed			
**							06/17/1994			
2 Principal DI	ace of Business	22	Mailing Address				4, FEI Number		Apr	plied For
<u>⊢</u>	ace or business	-	Walling Addiess				69-0499888	-		t Applicable
21		26	Suite, Apt. #, etc.		_		03 0433000	¢ Q		dditional
Suite, Apt. i	#, etc.		Suite, Apt. #, etc.			_	5. Certificate of Status Desired	•	ee Red	
22	<u>درد اد پیدادید سمور می</u>	27.	015-0-05-4-		_	<del></del>	····			<del>`</del> -
City & State			City & State				6. Election Campaign Financing	-		May Be
23		28					Trust Fund Contribution		dded to	) Fees
Zip	Country	Ь,	Zip	Countr	У		8. This corporation owes the current year into	_		<b>57</b> 0.
24	25	29	30	<u>L</u>			Personal Property Tax.	∐ Ye:		<b>⊠</b> (No
9, Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
ALVAREZ, GLORIA				8	1	Name				_
3801 S. OCEAN DR.						Street Add	ress (P.O. Box Number is Not Acceptable)			'
4-W									<del>~~~~</del>	
HOL	LYWOOD FL 33019			8	4	City		85	Zip C	ode
}					1	•	F <u>L</u>			
office or re agent. I ar SIGNATURE	agistered agent, or both, in the State of familiar with, and accept the oblig	a of Florid ations of,	la. Such change was authous Section 607.0505, Florida	onzed b Statute	y tr es.	ne corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	ntment	as reg	jistered
12.	OFFICERS A		· · · · · · · · · · · · · · · · · · ·	13.		anginates o rodon	ADDITIONS/CHANGES TO OFFICERS AN	ID DIR	FCTO	RS IN 12
TITLE	PVST	IND DIRE	DELETE	1.1 TITLE	:		ADDITIONAL TO CONTROL OF THE CONTROL	☐ Ch		Addition
			1 2 NAME					•	_	
NAME				i .						
STREET ADDRESS	3801 S. OCEAN DR., 4-W			ŀ		ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33019		[7] per ETE	1.4 CITY-		ZIP		□ Ch	20000	Addition
TITLE			☐ DELETE	2.1 TTLE				L	anye	
NAME:				2.2 NAME	=					
STREET ADDRESS	•			2.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP			-	2.4 CITY	-ST	- ZIP	· <del>-</del>			
TITLE			☐ DELETE	3.1 TITLE					ange	☐ Addition
NAME				3.2 NAME	•					
STREET ADDRESS				3.3 STRE	ETA	ADORESS				
CITY-ST-ZIP				3.4. CITY	-ST-	-ZIP				
TITLE	The state of the s		☐ DELETE	4.1 TITLE				Ct Ct	nange	Addition
NAME				4. 2 NAM	E					
STREET ADDRESS				4.3 STRE	FT A	ADDRESS				•
				4.4 CITY-						
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TITLE		<del></del>		□Ch	nange	Addition
				5.2 NAME				_	-	-
NAME						ADDRESS				
STREET ADDRESS										
CITY-ST-ZIP	<u> </u>		C 05: 575	5.4 CITY-		ZIP	<del></del>			☐ Addition
TITLE			☐ DELETE	6.1 TITLE				다	ange	☐ Addition
Laterer	,			62 NAME	-	i				

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 appear of the corporation of the corpora

63 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP