

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 694144000209 P94000054981

1. Corporation Name

I.S.C. International Shopping Club, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 **3266 Haviland Ct**

Suite, Apt. #, etc.

22 **#204**

City & State

23 **Palm Harbor, FL**

Zip

24 **34684**

Country

25 **USA**

2a. Mailing Address

26 **PO Box 2451**

Suite, Apt. #, etc.

27

City & State

28 **Largo, FL**

Zip

29 **33779-2451**

Country

USA

9. Name and Address of Current Registered Agent

~~XXXXXXXXXXXX~~

Gennare, Jose Eduardo

905 E Martin Luther King Jr #600

Tarpon Springs, FL 34689

3. Date Incorporated or Qualified

3a. Date of Last Report

5/24/94

4. FEI Number

59-3260014

Applied For
Not Applicable

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

81 Name

Gennare, Jose Eduardo

82 Street Address (P.O. Box Number is Not Acceptable)

3266 Haviland Ct

83

#204

84 City

Palm Harbor

FL

85 Zip Code

34684

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 or director

In FEI Registered Agent Signature Required, attach as follows

Date

12. OFFICERS AND DIRECTORS

TITLE **PD** NAME **Swan, Robert H.** ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE **VPD** NAME **Gennare, Nivea M.P.** ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **Swan, Robert H.** ☐ Change ☐ Addition

12 NAME **905 R Martin Luther King Jr Dr**

13 STREET ADDRESS **Suite 300**

14 CITY - ST - ZIP **Tarpon Springs, FL 34689** ☐ Change ☐ Addition

21 TITLE **Gennare, Nivea M.P.** ☐ Change ☐ Addition

22 NAME **3266 Haviland Ct #204**

23 STREET ADDRESS **Palm Harbor, FL 34684**

24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

500001931275

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*****233.75**

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 or changed, or on an attachment with an address.

SIGNATURE:

Robert H. Swan
Robert H. Swan

813-942-4335

8-15-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

8/23/96