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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400054981 (3)

I.S.C. INTERNATIONAL SHOPPING CLUB, INC. Principal Place of Business Mailing Address 3266 HAVILAND CT P.O. BOX 2451 LARGO FL 33778-2451 DO NOT WRITE IN THIS SPACE PALM HARBOR FL 34684 3. Date Incorporated or Qualified 07/22/1994 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For (SAME) 59-3260014 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 300 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing PRINGS 26 Trust Fund Contribution \Box Added to Fees Country Zio 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GENNARE, JOSÉ EDUARDO 3266 HAVILAND CT ess (P.O. Rox Number is Not Acceptable) 82 83 **"PÁLM HABBÓ**R FL 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 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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ered agent and title it applicable (NOT): Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change NAME SWAN, ROBERT 12 NAME 905 E. MARTIN LUTHER KING JR. DR., #300 STREET ADDRESS 13 STREET ADDRESS TARPON SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE GENNARE, NIVEA M.P. NAME 2.2 NAME 3266 HAVILAND CT #204 STREET ADDRESS 2.3 STREET ADDRESS PALM HARBOR FL 34684 CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE Change Addition 3.1 1ITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 51 TITLE ☐ Ad NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addi* NAME 6.2 NAME

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 a 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.

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

Ablest Howar

NIZALOF

012 54236

FILED

May 14 1998 8:00am

Secretary of State