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FILED
Feb 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000083252 (4)

1. Corporation Name
ISSA HOMES II, INC.



Principal Place of Business: 21301 POWERLINE ROAD, #206 BOCA RATON FL 33433
Mailing Address: 21301 POWERLINE ROAD, #206 BOCA RATON FL 33433-2393

3. Date Incorporated or Qualified: 11/10/1994
3a. Date of Last Report: 02/26/1996

2. Principal Place of Business: 21 3900 Bonaventure Blvd. Suite, Apt #, etc.
22 City & State: Weston, FL
23 Zip: 33332 Country: USA
2a. Mailing Address: 2a 1112 Weston Road Suite, Apt. #, etc.
27 Suite 228
28 City & State: Ft. Lauderdale, FL
29 Zip: 33326 Country: USA

4. FEI Number: 65-0534949 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

9. Name and Address of Current Registered Agent
ROTHMAN, MICHAEL
11900 BISCAYNE BOULEVARD
SUITE 740
MIAMI FL 33181

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ISSA, FRANCIS J | |
| STREET ADDRESS | 21301 POWERLINE ROAD, #206 | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COSTELLO, FRED D | |
| STREET ADDRESS | 21301 POWERLINE ROAD, #206 | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HEMPEL, DONALD E | |
| STREET ADDRESS | 21301 POWERLINE ROAD, #206 | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Country Isles Plaza |
| 1.3 STREET ADDRESS | 1112 Weston Road, Suite 228 |
| 1.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33326 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | ↑ |
| 2.3 STREET ADDRESS | Same as above |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | Same as above |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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 attachment with an address.

SIGNATURE: _____ DATE: 2/11/97 DAYTIME PHONE #: 954-349-0199

CR2E034 (9/96)