

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN -7 AM 10:50

DOCUMENT # P94000088043 (2)

1. Corporation Name
C B ISAAC REALTY INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 8708 STATE ROAD 21 MELROSE FL 32668	Mailing Address POST OFFICE BOX 748 MELROSE FL 32668
---	--

3. Date Incorporated or Qualified 12/06/1994	3a. Date of Last Report
--	-------------------------

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 County
29 Zip	30 County

4. FEI Number 59-3282463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ISAAC, CLINTON B
8708 STATE ROAD 21
MELROSE FL 32668**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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: *Clinton B Isaac* **CB ISAAC** **6/5/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PRES	NAME CLINTON B ISAAC
STREET ADDRESS 8708 St Rd 21 POB 748	
CITY - ST - ZIP MELROSE FL 32668	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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)(a), 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: *Clinton B Isaac* **CB ISAAC** **6/5/95** **904-475-2199**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (System Name)