

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000088043 (2)

1. Corporation Name
C B ISAAC REALTY INC.



Principal Place of Business Mailing Address
**8706 STATE ROAD 21
MELROSE FL 32666** **POST OFFICE BOX 748
MELROSE FL 32666**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
12/06/1994 **06/07/1995**
4. FEI Number Applied For
59-3282463 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
**ISAAC, CLINTON B
8706 STATE ROAD 21
MELROSE FL 32666**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0572 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE SIGNATURE SIGNATURE

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **CLINTON B**
STREET ADDRESS **8706 SR 21 PO BOX 748**
CITY - ST - ZIP **MELROSE FL**
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
1. TITLE Change Addition
NAME **ISAAC**
2. STREET ADDRESS
3. CITY - ST - ZIP
4. TITLE Change Addition
5. NAME
6. STREET ADDRESS
7. CITY - ST - ZIP
8. TITLE Change Addition
9. NAME
10. STREET ADDRESS
11. CITY - ST - ZIP
12. TITLE Change Addition
13. NAME
14. STREET ADDRESS
15. CITY - ST - ZIP
16. TITLE Change Addition
17. NAME
18. STREET ADDRESS
19. 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)(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 if changed, or on an attachment with an address.

SIGNATURE: *C.B. Isaac* **C.B. ISAAC** **3/22/96** **352-475-2199**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR District Executive

CR2E034 (12/95)