

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000008936 (3)

1. Corporation Name

ISC OF CENTRAL FLORIDA, INC.

Principal Place of Business

815 NW 57TH AVENUE STE. 300
MIAMI FL 33126

Mailing Address

815 NW 57TH AVENUE STE. 300
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1995

4. FEI Number

59-3382207

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 815 NW 57th Ave.

Suite, Apt. #, etc.

22 Ste. 300

City & State

23 Miami, Florida

24 Zip 33126

Country

2a. Mailing Address

26 5420 LBJ Freeway

Suite, Apt. #, etc.

27 #1400

City & State

28 Dallas

Zip

29 75240

Country

30

9. Name and Address of Current Registered Agent

BREEDEN, DON M
815 NW 57TH AVENUE STE. 300
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

Russ Selinger

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

815 NW 57th Ave. Ste 300

83

84 City

Miami,

FL

85 Zip Code

33126

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 and title if applicable

Russ Selinger - President

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME BREEDEN, DON M
STREET ADDRESS 815 NW 57TH AVENUE STE. 300
CITY-ST-ZIP MIAMI FL 33126

TITLE D ☒ DELETE

NAME BENRUBI, EVAN S
STREET ADDRESS 815 NW 57TH AVENUE STE. 300
CITY-ST-ZIP MIAMI FL 33126

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

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Russ Selinger
1.3 STREET ADDRESS 815 NW 57th Ave. Ste 300
1.4 CITY-ST-ZIP Miami, FL 33126

2.1 TITLE VP Finance ☒ Change ☐ Addition

2.2 NAME Chris Nehls
2.3 STREET ADDRESS 5420 LBJ Freeway # 1400
2.4 CITY-ST-ZIP Dallas TX 75240

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Nehls

214 571-1600

CR2E034 (10/97)