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Apr 25 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 # P95000053330 (3)

1. Corporation Name
ISGP, INC.



Principal Place of Business

% JOSEPH M. HOVLAND
11983 NORTH TAMiami TRAIL, SUITE 100
NAPLES FL 33963

Mailing Address

% JOSEPH M. HOVLAND
11983 NORTH TAMiami TRAIL, SUITE 100
NAPLES FL 34110-1800

3. Date Incorporated or Qualified
07/11/1995

3a. Date of Last Report
07/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 34110

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number
65-0609986

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

10. Name and Address of New Registered Agent

VOGEL, JAMES D
3936 NORTH TAMiami TRAIL
SUITE B
NAPLES FL 33940

81 Name

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

83

84 City

FL 85 Zip Code 34103

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-24-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HOVLAND, JOSEPH M
STREET ADDRESS 11983 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES FL 33963

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP zip 34110

TITLE VD
NAME CARMOSINO, JOSEPH M
STREET ADDRESS 3300 GULF SHORE BLVD., N., #405
CITY-ST-ZIP NAPLES FL 33940

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP zip 34103

TITLE TD
NAME MILLER, FORREST
STREET ADDRESS 649 BEACHWALK CIRCLE, SUITE 101
CITY-ST-ZIP NAPLES FL 33963

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP zip 34108

TITLE SD
NAME MOAVENI, KHOSROW
STREET ADDRESS 3936 TAMiami TRAIL NORTH, SUITE B
CITY-ST-ZIP NAPLES FL 33940

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP zip 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

3-24-97 (941) 594 7777

CR2E034 (9/96)