

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000058247 (4)**

1. Corporation Name
ISSA HOMES OF BROWARD, INC.



Principal Place of Business
**21301 POWERLINE ROAD
SUITE 206
BOCA RATON FL 33433**

Mail/Agency
**21301 POWERLINE ROAD
SUITE 206
BOCA RATON FL 33433**

2. Principal Place of Business
21 State Apt. #, etc.
22 City & State
23 Zip
24 County
25

2a. Mailing Address
26 State Apt. #, etc.
27 City & State
28 Zip
29 Country
30

g. Name and Address of Current Registered Agent

**WHEELER, JAMES J
7777 GLADES ROAD
SUITE 300
BOCA RATON FL 33434**

3. Date Incorporated or Qualified
07/27/1995

3a. Date of Last Report
 Applied For
 Not Applicable

4. FEI Number

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

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0902 and 607.1500, 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 Sections 607.0902 and Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE: OFFICER DIRECTOR

NAME: **D ISSA, FRANCIS J**

STREET ADDRESS: **21301 POWERLINE ROAD, SUITE 206**

CITY, STATE, ZIP: **BOCA RATON FL 33433**

2. TITLE: OFFICER DIRECTOR

NAME: **D HEMPEL, DONALD E**

STREET ADDRESS: **21301 POWERLINE ROAD, SUITE 206**

CITY, STATE, ZIP: **BOCA RATON FL 33433**

3. TITLE: OFFICER DIRECTOR

NAME: **D COSTELLO, FRED D**

STREET ADDRESS: **21301 POWERLINE ROAD, SUITE 206**

CITY, STATE, ZIP: **BOCA RATON FL 33433**

4. TITLE: OFFICER DIRECTOR

NAME: **D MARSHALL, JEFFREY F**

STREET ADDRESS: **21301 POWERLINE ROAD, SUITE 206**

CITY, STATE, ZIP: **BOCA RATON FL 33433**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1. TITLE: OFFICER DIRECTOR

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

2. TITLE: OFFICER DIRECTOR

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

3. TITLE: OFFICER DIRECTOR

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

4. TITLE: OFFICER DIRECTOR

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

5. TITLE: OFFICER DIRECTOR

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

6. TITLE: OFFICER DIRECTOR

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

7. TITLE: OFFICER DIRECTOR

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

8. TITLE: OFFICER DIRECTOR

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

9. TITLE: OFFICER DIRECTOR

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

10. TITLE: OFFICER DIRECTOR

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

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***208.75**

14. I do hereby certify that the information supplied by 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 included 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 this corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of the records of the Department of State.

SIGNATURE: *Francis J. Issa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANCIS J. ISSA

2/14/96
407-482-2234

CR2E034 (12/95)