

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

FILED

**Feb 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000058247 (4)
1. Corporation Name
ISSA HOMES OF BROWARD, INC.



Principal Place of Business 21301 POWERLINE ROAD SUITE 206 BOCA RATON FL 33433	Mailing Address 21301 POWERLINE ROAD SUITE 206 BOCA RATON FL 33433-2393
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3. Date Incorporated or Qualified 07/27/1995	3a. Date of Last Report 02/27/1996
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2. Principal Place of Business 21 3900 Bonaventure Blvd. Suite, Apt. #, etc.	2b. Mailing Address 26 1112 Weston Road Suite, Apt. #, etc.
22 City & State Weston, FL	27 Suite 228-Country Isles Plaza City & State
23 Zip 33332	28 Country USA
24 Zip 33332	25 Country USA
29 Zip 33326	30 Country USA

4. FEI Number APPLIED FOR 62-1614579	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent
**WHEELER, JAMES J
7777 GLADES ROAD
SUITE 300
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City
65 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ISSA, FRANCIS J
STREET ADDRESS	21301 POWERLINE ROAD, SUITE 206
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	D <input type="checkbox"/> DELETE
NAME	HEMPEL, DONALD E
STREET ADDRESS	21301 POWERLINE ROAD, SUITE 206
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	D <input type="checkbox"/> DELETE
NAME	COSTELLO, FRED D
STREET ADDRESS	21301 POWERLINE ROAD, SUITE 206
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	D <input type="checkbox"/> DELETE
NAME	MARSHALL, JEFFREY F
STREET ADDRESS	21301 POWERLINE ROAD, SUITE 206
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Country Isles Plaza
1.4 CITY-ST-ZIP	1112 Weston Road, Suite 228 Ft. Lauderdale, FL 33326
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Same as above
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	same as above
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	same as above
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Francis J. Issa** 2/6/97 954-349-0199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)