

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

FILED
Apr 15 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 # P95000058247 (4)
 1. Corporation Name
ISSA HOMES OF BROWARD, INC.



Principal Place of Business 3900 BONAVENTURE BLVD. WESTON FL 33332 US	Mailing Address 1112 WESTON RD 228-COUNTRY ISLES PLAZA FT. LAUDERDALE FL 33326 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3900 BONAVENTURE BLVD	2a. Mailing Address 27
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date incorporated or Qualified 07/27/1995	
4. FEI Number 62-1614579	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. 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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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	1112 WESTON RD, STE 228-COUNTRY ISLES PLAZ FT. LAUDERDALE FL
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	HEMPEL, DONALD E
STREET ADDRESS	1112 WESTON RD STE 228- COUNTRY ISLES PLAZ FT. LAUDERDALE FL
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	COSTELLO, FRED D
STREET ADDRESS	1112 WESTON RD STE 228-COUNTRY ISLES PLAZA FT. LAUDERDALE FL
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	MARSHALL, JEFFREY F
STREET ADDRESS	1112 WESTON RD STE 228-COUNTRY ISLES PLAZA FT. LAUDERDALE FL
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33326
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33326
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33326
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARCHELL, JEFFREY F
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33326
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 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* **Francis J. Issa 4/15/98 (954) 349-0199**

CP2E034 (10/97)