

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.**  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90023 017 \*\*\*550.00

0066871

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P95000058247** ✓

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
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 599 CELEBRATION PLACE Suite, Apt. #, etc. 22 SUITE H City & State 23 CELEBRATION, FL Zip 24 34747	2a. Mailing Address 26 P.O. BOX 470007 Suite, Apt. #, etc. 27 City & State 28 CELEBRATION, FL Zip 29 34747-0007	Country 25 Country 30
--	--	--------------------------------

3. Date Incorporated or Qualified 07/27/1995	4. FEI Number 62-1614579	Applied For 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 the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" 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	FL
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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ISSA, FRANCIS J	
STREET ADDRESS	1112 WESTON RD, STE 228-COUNTRY ISLES PLAZ	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEMPEL, DONALD E	
STREET ADDRESS	1112 WESTON RD STE 228- COUNTRY ISLES PLAZ	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COSTELLO, FRED D	
STREET ADDRESS	1112 WESTON RD STE 228-COUNTRY ISLES PLAZA	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSHALL, JEFFREY F	
STREET ADDRESS	1112 WESTON RD STE 228-COUNTRY ISLES PLAZA	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
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	599 CELEBRATION PLACE, SUITE H
1.4 CITY-ST-ZIP	CELEBRATION, FL 34747
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	SAME AS ABOVE
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	SAME AS ABOVE
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	SAME AS ABOVE
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 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, changed, or on an attachment with an address.

SIGNATURE:  JEFFREY F. MARCHELL 7/7/99 (407) 566-4772  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)