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Mar 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

DOCUMENT # **P95000063060 (4)**

1. Corporate Name
ISIM & ASSOCIATES, INC.

Principal Place of Business
19 RIDGE TRAIL
ORMOND BEACH FL 32174

Mailing Address
19 RIDGE TRAIL
ORMOND BEACH FL 32174-4938

3. Date Incorporated or Qualified: **08/15/1995**
3a. Date of Last Report: **06/21/1996**

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 Country 25

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

4. FEI Number: **59-3333177** ☐ 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
MARKOVICS, HELGA J
19 RIDGE TRAIL
ORMOND BEACH FL 32174

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 Section 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 (if new agent) and agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: (NEW Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **MARKOVICS, HELGA**		1.2 NAME	
STREET ADDRESS **19 RIDGE TRAIL**		1.3 STREET ADDRESS	
CITY-ST-ZIP **ORMOND BEACH FL**		1.4 CITY-ST-ZIP	
TITLE **VD**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **MARKOVICS, MICHAEL**		2.2 NAME	
STREET ADDRESS **19 RIDGE TRAIL**		2.3 STREET ADDRESS	
CITY-ST-ZIP **ORMOND BEACH FL**		2.4 CITY-ST-ZIP	
TITLE **ST**	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME **HILTON, MONIQUE**		3.2 NAME	
STREET ADDRESS **2322 LIME TREE DRIVE**		3.3 STREET ADDRESS	
CITY-ST-ZIP **EDGEWATER FL**		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I hereby certify that the information indicated on this report or supplemental 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 13 above, if changed or added, or on an attachment with an address.

SIGNATURE: [signature] 3/10/97 907-677-3741

SIGNATURE(S) & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0025375