

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90165 009 ***158.75

DOCUMENT # P95000087500

1. Corporation Name

ISW INTERNATIONAL, INC.



Principal Place of Business

C/O MCGUIRE WOODS BATTLE & BOOTHE LLP
50 N. LAURA STREET, SUITE 3400 BARNETT CEN
JACKSONVILLE FL 32202
US

Mailing Address

PO BOX 4099
JACKSONVILLE FL 32201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1995

4. FEI Number

59-3413904

Applied For

No 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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 363 ATLANTIC BLVD #6
Suite, Apt. #, etc.

2a. Mailing Address

26 363 ATLANTIC BLVD
Suite, Apt. #, etc.

City & State

23 ATLANTIC BCH, FL

City & State

28 ATLANTIC BCH, FL

Zip

24 32233

Country

25 USA

Zip

29 32233

Country

30 USA

9. Name and Address of Current Registered Agent

RAX CO.
50 NORTH LAURA STREET
3400 BARNETT CENTER
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

K. ALLEN WEATHERBY

82 Street Address (P.O. Box Number is Not Acceptable)

363 ATLANTIC BLVD. # 6

83

84 City

ATLANTIC BCH, FL

85 Zip Code

32233

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

Signature, typed or printed name of registered agent and title if applicable.

K. ALLEN WEATHERBY, PRES. 4/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME WEATHERBY, ALLEN
STREET ADDRESS 363 ATLANTIC BLVD STE 6
CITY-ST-ZIP ATLANTIC BEACH FL 32233

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
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CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. ALLEN WEATHERBY

Date

Daytime Phone #

4/28/99 904-247-2627

CR2E034 (11/98)

0044793