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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 19 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000029787 (4)

ISAAC'S SERVICES INC.

Principal Place of Business Mailing Address				I COMPLEMEN FLO FOR THE MATER MORE AND MATER AND LEG	44E10 (611) (0001 1011) 1001 1001
1325 S. POWERLINE ROAD		1325 S. POWERLINE ROAD			
UNIT 16		UNIT 16		DO NOT WRITE IN THIS SPACE	
POMPANO	BEACH FL 33069	POMPANO BEACH FL 33	1069	3. Date Incorporated or Qualified	3 ACL
				04/04/1996	
2, Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	_	26		65-0662916	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	<del></del>	ļ ·	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	B. This corporation owes or has paid the cr	
24	25		10	Personal Property Tax due June 30.	Yes No
<del></del>	9. Name and Address of Curren			10. Name and Address of New Registered	Agent
KOCHKERIAN, ARTIN 81 Name					
1325 S. POWERLINE ROAD			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
UNIT 16					
F	OMPANO BEACH FL 33069		83		
			84 City	FI	85 Zip Code
11 Pureuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutos	the above-named corr		of changing its registered
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 opligations of, Section 607.0505, Florida Statutes.					
SIGNATURE CULTIN KWALLUN					
SIGNATURE	Signature, typed or profiled name of registered ages	ot and title if applicable (NOTE	Registered Agent signature requir	red when reinstating) DATE	5/4/48
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	KOCHKERIAN, ARTIN		1.2 NAME		
STREET ADDRESS	2421 NORTH 61ST AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33024	DELETE	1.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE	SD Kochkerian, ann	L'3 percet	2.1 TITLE		□1 cuange □1 vocition
NAME STORET ADDRESS	2421 NORTH 61ST AVENUE	•	2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	HOLLYWOOD FL 33024	•	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
TITLE	TD	DELETE	3.1 TITLE		Change Addition
NAME	KOCHKERIAN, JOHN		3.2 NAME		
STREET ADDRESS	2421 NORTH 61ST AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33024		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-7IP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DEL <b>E</b> TE	5.4 CITY-ST-ZIP		Change Addition
TITLE		טנגנונ	6.1 TITLE		☐ Change ☐ Magagail
NAME STOCET ADDRESS			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	l <u> </u>		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.