

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000062693 (2)**

1. Corporation Name
ISAS, INC.

Principal Place of Business
**2903 RAMADA DRIVE
SUITE 227
TAMPA FL 33613**

Mailing Address
**2903 RAMADA DRIVE
SUITE 227
TAMPA FL 33613**

FILED
Jul 16 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1996

4. FEI Number

59-3401960

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 **27748 SKYLAKE CIRCLE**

Suite, Apt. #, etc.

22

City & State

23 **WESLEY CHAPEL FL**

Zip **33543**

Country **USA**

24

2a. Mailing Address

26 **27748 SKYLAKE CIRCLE**

Suite, Apt. #, etc.

27

City & State

28 **WESLEY CHAPEL FL**

Zip **33543**

Country **USA**

29

30

9. Name and Address of Current Registered Agent

**GILBERT, GUY H
2620 W. KENNEDY BLVD.
TAMPA FL 33609**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 **Gilbert Chambers**

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

(NOTE: Registered Agent signature required when reinstating)

7/7/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **CHAMBERS, JULIAN**
STREET ADDRESS **2903 RAMADA DR, SUITE 277**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **PD** ☐ DELETE
NAME **CHAMBERS, JULIAN**
STREET ADDRESS **27748 SKYLAKE CIRCLE**
CITY-ST-ZIP **WESLEY CHAPEL FL 33543 JC.**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **CHAMBERS, JULIAN**
1.3 STREET ADDRESS **27748 SKYLAKE CIRCLE**
1.4 CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

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

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

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

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

6.1 TITLE ☐ Change ☐ 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)(l), 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:

Gilbert Chambers

REQUIRED

7/7/98 (813) 453 2201

CR2E034 (5/98)