

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90067 047 \*\*\*150.00

**DOCUMENT # P97000005081**

1. Entity Name

ISRAM CAPITAL, INC.



Principal Place of Business

72 IVY ROAD  
HOLLYWOOD FL 33021

Mailing Address

72 IVY ROAD  
HOLLYWOOD FL 33021

2. Principal Place of Business

72 Ivy Road

Suite, Apt. #, etc.

3. Mailing Address

72 Ivy Road

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Hollywood, FL 33021

City & State

Hollywood, FL

4. FEI Number

59-3427378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

APPLEMAN, MITCHELL  
72 IVY ROAD  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VT  
NAME APPLEMAN, MITCHELL ☐ Delete  
STREET ADDRESS 72 IVY ROAD  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE PS  
NAME MICHAELSON, WILLIAM ☐ Delete  
STREET ADDRESS 2056 BERKSHIRE D  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE D ☒ Delete  
NAME AVRUCH, IDA  
STREET ADDRESS 2861 LEONARD DRIVE  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME SPRUNG, LILLIAN  
STREET ADDRESS 2056 BERKSHIRE D  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM MICHAELSON  
William Michaelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04; 954-986-4250  
Date Daytime Phone #