

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90016 013 \*\*\*558.75

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**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # P97000019887**

1. Corporation Name  
**ISSA HOMES, INC.**



Principal Place of Business: 1112 WESTON ROAD, SUITE 228, WESTON FL 33326  
 Mailing Address: 1112 WESTON ROAD, SUITE 228, WESTON FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/04/1997**

4. FEI Number: **65-0732319** 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 owes the current year Intangible Personal Property:  Yes  No

2. Principal Place of Business: **599 CELEBRATION PLACE**, Suite, Apt. #, etc.: **SUITE H**  
 City & State: **CELEBRATION, FL**  
 Zip: **34747** Country: **25**

2a. Mailing Address: **P.O. BOX 470007**  
 Suite, Apt. #, etc.: **26**  
 City & State: **CELEBRATION, FL**  
 Zip: **34747-0007** Country: **30**

9. Name and Address of Current Registered Agent  
**WHEELER, JAMES J ESQ**  
**7777 GLADES ROAD**  
**SUITE 300**  
**BOCA RATON FL 33434**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ISSA, FRANCIS J</b>
STREET ADDRESS	<b>1112 WESTON RD, STE 228</b>
CITY-ST-ZIP	<b>WESTON FL 33326</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ISSA, ANTHONY F</b>
STREET ADDRESS	<b>1112 WESTON RD, STE 228</b>
CITY-ST-ZIP	<b>WESTON FL 33326</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HEMPEL, DONALD E</b>
STREET ADDRESS	<b>1112 WESTON RD, STE 228</b>
CITY-ST-ZIP	<b>WESTON FL 33326</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MARCHELL, JEFFREY F</b>
STREET ADDRESS	<b>1112 WESTON RD, STE 228</b>
CITY-ST-ZIP	<b>WESTON FL 33326</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>COSTELLO, FRED D</b>
STREET ADDRESS	<b>1112 WESTON RD, STE 228</b>
CITY-ST-ZIP	<b>WESTON FL 33326</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>599 CELEBRATION PLACE, SUITE H</b>
1.4 CITY-ST-ZIP	<b>CELEBRATION, FL 34747</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>SAME AS ABOVE</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>D/VP/T/AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>SAME AS ABOVE</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>D/VP/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>SAME AS ABOVE</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>D/VP/AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>SAME AS ABOVE</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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.

SIGNATURE: Jeffrey F. Marchell **JEFFREY F. MARCHELL** 7/6/99 (407) 566-4772  
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (5/99)