

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90031 031 ***158.75

DOCUMENT # P97000019887

1. Entity Name

ISSA HOMES, INC.

Principal Place of Business

Mailing Address

**599 CELEBRATION PLACE
 SUITE H
 CELEBRATION FL 34747**

**P.O. BOX 470007
 CELEBRATION FL 34747-0007**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0732319

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHEELER, JAMES J ESQ
 7777 GLADES ROAD
 SUITE 300
 BOCA RATON FL 33434**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

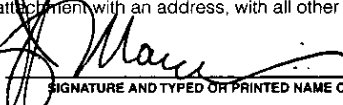
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	ISSA, FRANCIS J	
STREET ADDRESS	599 CELEBRATION PLACE, SUITE H	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ISSA, ANTHONY F	
STREET ADDRESS	599 CELEBRATION PLACE, SUITE H	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	HEMPEL, DONALD E	
STREET ADDRESS	599 CELEBRATION PLACE, SUITE H	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MARCHELL, JEFFREY F	
STREET ADDRESS	599 CELEBRATION PLACE, SUITE H	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	COSTELLO, FRED D	
STREET ADDRESS	599 CELEBRATION PLACE, SUITE H	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE:



JEFFREY MARCHELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00

Date

(407) 566-4772

Daytime Phone #

C:\WORK\UBR