


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90094 008 ***158.75

DOCUMENT # P97000019887	
1. Entity Name ISSA HOMES, INC.	

Principal Place of Business 599 CELEBRATION PLACE SUITE H CELEBRATION FL 34747	Mailing Address 950 CELEBRATION BLVD SUITE F CELEBRATION FL 34747
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 950 Celebration Blvd	3. Mailing Address
Suite, Apt. #, etc. Suite F	Suite, Apt. #, etc.
City & State Celebration FL	City & State
Zip 34447	Country USA

4. FEI Number 65-0732319	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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 NAME DP ISSA, FRANCIS J	<input type="checkbox"/> Delete
STREET ADDRESS 599 CELEBRATION PLACE, SUITE H CELEBRATION FL 34747	
TITLE NAME DVTS HEMPEL, DONALD E	<input type="checkbox"/> Delete
STREET ADDRESS 599 CELEBRATION PLACE, SUITE H CELEBRATION FL 34747	
TITLE NAME DVS MARCHELL, JEFFREY F	<input type="checkbox"/> Delete
STREET ADDRESS 599 CELEBRATION PLACE, SUITE H CELEBRATION FL 34747	
TITLE NAME DVAS COSTELLO, FRED D	<input type="checkbox"/> Delete
STREET ADDRESS 599 CELEBRATION PLACE, SUITE H CELEBRATION FL 34747	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME ISSA, FRANCIS J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 950 Celebration Blvd, Suite F Celebration, FL 34447	
TITLE NAME HEMPEL, DONALD E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 950 Celebration Blvd, Suite F Celebration, FL 34447	
TITLE NAME MARCHELL, JEFFREY F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 950 Celebration Blvd, Suite F Celebration, FL 34447	
TITLE NAME COSTELLO, FRED D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 950 Celebration Blvd, Suite F Celebration, FL 34447	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	

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: **SIGNATURE REQUIRED** 4-1-03 404-566-4772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)