FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90006 036 ***150.00

DOCU 1. Comporation	MENT # P97000	040011			
ſ .	IS FINANCIAL SERVICES, INC				
		-	• .	†	HARI BAHN 98481 H981 HBA 1881
<u></u>		· .			
1	Principal Place of Business Mailing Address		•	. 18611641 118 1811 16811 8811 8811 8811	51811 MEILL MOIST ((281 (195) 155)
1000 W OAKLAND PARK BLVD 1000 W OAKLAND WILTON MANORS FL 33311 WILTON MANORS FL 3331		14	1	•	
US US WILTON MANORS FL 33311 . WILTON MANORS FL 3331			DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed	,
Principal Place of Business 2a. Mailing Address			05/05/1997		
21 22. Principal Place of Business 22. Mailing Add		2a. Mailing Address		4. FEI Number	Applied For
21 26		Suite, Apt. #, etc.	 _	65-0757202	\$8.75 Additional
22	•	27		5. Certificate of Status Desired	Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Inter-	
24	9. Name and Address of Current	Registered Agent	30	Personal Property Tax. 10. Name and Address of New Registered	Yes No
			81 Name	2. 12 and readings of their troglatered	-311
LOC	GUE, JAY		82 Street A	Address (P.O. Box Number is Not Acceptable)	
WILTON MANORS FL 33311			· [.]	reduces (F.O. DOX Humber IS NOT Acceptable)	
			83		
			84 City	1 1 1 1 1 1 1 1 1 1	85 Zip Code
Mail Ballage	010 Hb Chauthiann as C4 007 0500	and 607 4500 'Flexia Com	1 1	FŁ	
office or	registered agent, or both, in the State of	f Florida: Such change was a	authorized by the corpo	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoint	tment as registered
] *	am familjar with, and accept the obligation	ons of, Section 607.0505, Flo	onda Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature re	quired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LOGUE, JAY		1.2 NAME		
STREET ADDRESS	I 1000 W OAKLAND PARK BLVD WILTON MANORS FL 33311		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	STD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	·	Change Addition
NAME	LEVY, LEE	·	2.2 NAME	÷	
STREET ADDRESS		•	2.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33311	* A 2 + 1 & 1 A	2. 4 CITY-ST-ZIP		
TITLE 100	In Maria	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	学说的 是是一种的		-		
STREET ADDRESS	of the contract of the contrac	64	3.2 NAME		
8	집에서 하시는 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	5**	3.3 STREET ADDRESS	Control of the contro	. 17 60 8160 7763
CITY-ST-ZIP	OR STATE OF THE	C DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Channe Vaddition
TITLE	08 STV1 V) 4.	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	OR STUDIO (1) (1) (1)	3. 1 - 3	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME		
TITLE	OR STUDIO (1) (1) (1)		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		
NAME NAME STREET ADDRESS	OR STUDIO (1) (1) (1)	3.4 3 3.50 to 1	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		
TITLE NAME (ACT) (CONTENTS STREET ADDRESS CITY-ST-ZIP	OR STUDIO (1) (1) (1)	M 1	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition
TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OR STOTE AND A STORE OF THE STORE OF T	M 1	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
TITLE NAME YAY) A GOALLY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OBS STUTE TO THE STUTE OF THE S	3.47 3 3.573 7 3 4.5 1.5 □ DÉLETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	08-310" (10-30-30-30-30-30-30-30-30-30-30-30-30-30	M 1	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE NAME (NO) O COLUMN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE PART LES TOUR DE PART LES TOURS SELFE- TOURS NO DE LA CONTRA SELFE- TOU	3.47 3 3.573 7 3 4.5 1.5 □ DÉLETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition

14. I hereby certify that the information supplied with this filling 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 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 507. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an oddress, with all other like empowered.

SIGNATURE: