

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 Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90043 004 ***158.75

DOCUMENT # P97000056657

1. Corporation Name ISOLUX CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business: J & C BOULEVARD, 7, FL 34109
Mailing Address: 2025 J & C BOULEVARD, SUITE 7, NAPLES FL 34109

Principal Place of Business: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 25, Country: 29

3. Date Incorporated or Qualified: 06/26/1997
4. FEI Number: 65-0764419
5. Certificate of Status Desired: [X] \$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 Tax: [] Yes [X] No

9. Name and Address of Current Registered Agent: KLOOTZ, JACK, 2025 J & C BOULEVARD, SUITE 7, NAPLES FL 34109

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

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

OFFICERS AND DIRECTORS		13.
MD KLOOTZ, JACK 2025 J & C BOULEVARD, #7 NAPLES FL 34109	<input type="checkbox"/> DELETE	1.1 TITLE: P 1.2 NAME: Jack Klootz 1.3 STREET ADDRESS: 2025 J+C Boulevard, #7 1.4 CITY-ST-ZIP: Naples, FL 34109
	<input type="checkbox"/> DELETE	2.1 TITLE: D 2.2 NAME: Barbara Klootz 2.3 STREET ADDRESS: 2025 J+C Boulevard, #7 2.4 CITY-ST-ZIP: Naples, FL 34109
	<input type="checkbox"/> DELETE	3.1 TITLE: D 3.2 NAME: Dolph von Arx 3.3 STREET ADDRESS: 2025 J + C Boulevard, #7 3.4 CITY-ST-ZIP: Naples, FL 34109
	<input type="checkbox"/> DELETE	4.1 TITLE: D 4.2 NAME: Brian W. Hummel 4.3 STREET ADDRESS: 2025 J + C Boulevard, #7 4.4 CITY-ST-ZIP: Naples, FL 34109
	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:
	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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, with all other like empowered.

SIGNATURE: Jack Klootz 1/12/99 941-514-7475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)