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

99 APR 26 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000065295

1. Corporation Name
Ison Enteprises of Brevard, Inc.

Principal Place of Business
1080 Biarritz St., NW
Palm Bay, FL 32907

Mailing Address
1080 Biarritz St, NW
Palm Bay, FL 32907

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1080 Biarritz St. NW
Suite, Apt #, etc
22 —
City & State
23 Palm Bay FL
Zip 24 32907 Country 25 Brevard

2a. Mailing Address
26 1080 Biarritz St NW
Suite, Apt #, etc
27 —
City & State
28 Palm Bay FL
Zip 29 32907 Country 30 Brevard

3. Date Incorporated or Qualified: 7-28-1997
4. FEI Number: 59-3463135 [ ] 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 Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent
Ison, Edward A
1080 Biarritz Street NW
Palm Bay, FL 32907

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 [signature] Edward A Ison, President 4-14-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		[ ] DELETE	1 1 TITLE	P	[ ] Change [ ] Addition
NAME			1 2 NAME	Edward A Ison	
STREET ADDRESS			1 3 STREET ADDRESS	1080 Biarritz Street NW	
CITY-ST-ZIP			1 4 CITY-ST-ZIP	Palm Bay FL 32907	
TITLE		[ ] DELETE	2 1 TITLE	D	[ ] Change [X] Addition
NAME			2 2 NAME	Avera, Paul L.	
STREET ADDRESS			2 3 STREET ADDRESS	433 SW Fitzsimmons Street	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	Palm Bay FL 32908	
TITLE		[ ] DELETE	3 1 TITLE	D	[ ] Change [X] Addition
NAME			3 2 NAME	Matthew Beckford	
STREET ADDRESS			3 3 STREET ADDRESS	163 Cowie Avenue	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	Palm Bay, FL 32909	
TITLE		[ ] DELETE	4 1 TITLE		[ ] Change [ ] Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5 1 TITLE		[ ] Change [ ] Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6 1 TITLE		[ ] Change [ ] Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

700002858977--1
-04/30/99--01116--015
****150.00 ****150.00

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] 4-14-99 (407) 543-5929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #