Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90085 032 \*\*\*150.00

## 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

## DOCUMENT # P97000080250

1. Corporation Name

isis and	COMPANY, INC.	,							
Principal Place	e of Business	Mailing Address		_			INI UDAN UUNU	i <b>ea</b> lal <b>an</b> ing cine; i	IŞILƏ <b>Di</b> ğel i <b>nd</b> i
2215 NW 36TH MIAMI FL 33142	2215 NW 36TH STREET MIAMI FL 33142				DO NOT WRI	TE IN THIS	SPACE		
	•					3. Date Incorporated or Qualifed			
	_					09/15/1997			
-2.~Principal Pl	lace of Business	2a.~Mailing Address				*4. FEI Number	· · · · -		lied For
21		26				52-0939426			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		<b>\$8.75</b> A	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Re
23	<b>u</b>	28				Trust Fund Contribution		Added to	
Zip	·Country	Zip	Cour	ntry		8. This corporation owes the cur	rent year In	tangible	
24	25	29 30				Personal Property Tax.		☐ Yes )	<b>⊠(</b> 100
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered	Agent	
				81	Name				
MADAN, RICHARD			-	82	Street Add	dress (P.O. Box Number is Not Accept	able)	,	
2215 NW 36TH STREET			ĺ						
MIAN	MI FL 33142			83		•			
			-	84	City			85 Zip C	ode
				- 1	•		FL	<b></b> ]	
office of n agent. I a	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was auth- tions of, Section 607.0505, Florida	onzed a Statu	by t	ne corpora	poration submits this statement for the tion's board of directors. I hereby acce	hr me appo	t changing its i intrnent as reg	registered pistered
	Signature, typed or printed name of registered agen		gistered /	Agent	signature requi	red when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS A	ND DIRECTO	RS IN 12
12.	OFFICERS AN	D DIRECTORS  DELETE	1.1 TITI			ADDITIONS/CHANGES TO OF	TICENS A	☐ Change	Addition
TITLE	P	∴ vere ie							
NAME	ISIS, DAVID S		1.2 NAI						
STREET ADDRESS					ADDRESS		•		
CITY-ST-ZIP	NARLES FL 84142 * Coral Gables, Fl			1.4 CITY-ST-ZIP 2.1 TITLE		<del></del>		Change	Addition
TITLE	33134 □ DELETE		2.1 ITILE 2.2 NAME					☐ evev.\$e	
NAME				-		•			
STREET ADDRESS					ADDRESS _	في منجيد منجوع من المراد والكان المراد		· <del>-</del>	
CITY-ST-ZIP	<u> </u>	C DELETE	2. 4 CT		T-ZIP	<del></del>	•	Change	Addition
TITLE	☐ DELETE		3.1 TITLE					- Guarda	
NAME			3.2 NA					•	
STREET ADDRESS	·.	·			ADDRESS				
CITY-ST-ZIP			3.4. CF	_	r-ZIP			Change	Addition
ΠΠLE		☐ DELETE	4.1 TIT				•	, L.J Griange	- Addressi
NAME			4. 2 NA			•			
STREET ADDRESS			4.3 STI	REET	ADDRESS				
CITY-ST-ZIP			4.4 CIT		-ZIP				☐ A zaistic :-
TITLE	1	☐ DELETE	5.1 TIT	LΕ	1	•		: Change	☐ Addition

CITY-ST-ZIP 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 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, and all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY+ST-ZIP

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Addition

Change