

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000014634**  
Corporation Name  
**ISOCOMM, INC.**

Principal Place of Business  
**710 N.W. 116 TERRACE  
SUNRISE FL 33323**

Mailing Address  
**3710 N.W. 116 TERRACE  
SUNRISE FL 33323**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1998

Principal Place of Business		2a. Mailing Address		*4. FEI Number <b>65-0828774</b>		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property.		<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CABREJO, DAVID  
3710 N.W. 116 TERRACE  
SUNRISE FL 33323**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

1. 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	<input type="checkbox"/> DELETE	13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 STREET ADDRESS	<input type="checkbox"/> DELETE	13.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE	13.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME	<input type="checkbox"/> DELETE	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	<input type="checkbox"/> DELETE	13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 STREET ADDRESS	<input type="checkbox"/> DELETE	13.7 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 CITY-ST-ZIP	<input type="checkbox"/> DELETE	13.8 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME	<input type="checkbox"/> DELETE	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	<input type="checkbox"/> DELETE	13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS	<input type="checkbox"/> DELETE	13.11 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.12 CITY-ST-ZIP	<input type="checkbox"/> DELETE	13.12 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 19.07(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DAVID G. CABREJO**

7/20/99

(954) 749-7358

CR2E034 (5/99)