

PROFIT CORPORATION
ANNUAL REPORT
1999

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90085 017 ***150.00
05-17-1999 90009 001 ***150.00

DOCUMENT # P98000022716 ✓
Name
INSTRUCTIONAL SOFTWARE SERVICES, INC

Place of Business Mailing Address
INSTRUCTIONAL SOFTWARE SERVICES, INC
103 COMMERCIAL STREET, SUITE 100
LAKE MARY, FL 32746

26	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
27	Suite, Apt. #, etc.	MARCH 9, 1998	59-3484564	Not Applicable
28	City & State	5. Certificate of Status Desired	6. Election Campaign Financing	\$8.75 Additional Fee Required
29	Country	<input type="checkbox"/>	Trust Fund Contribution	\$5.00 May Be Added to Fees
30	Zip	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/>	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRANK ROLLINS 103 COMMERCIAL STREET SUITE 100 LAKE MARY, FL 32746	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and title, if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
OFFICERS AND DIRECTORS		
D FRANK ROLLINS 103 COMMERCIAL STREET LAKE MARY, FL 32746	11. TITLE	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	13. STREET ADDRESS	
	14. CITY-ST-ZIP	
	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	22. NAME	
	23. STREET ADDRESS	
	24. CITY-ST-ZIP	
	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	32. NAME	
	33. STREET ADDRESS	
	34. CITY-ST-ZIP	
	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	42. NAME	
	43. STREET ADDRESS	
	44. CITY-ST-ZIP	
	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	52. NAME	
	53. STREET ADDRESS	
	54. CITY-ST-ZIP	
	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	62. NAME	
	63. STREET ADDRESS	
	64. CITY-ST-ZIP	

I 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 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank W. Rollins Director 4/29/99 407-333-2959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER R OR DIRECTOR Daytime Phone #

CR2E034 (11/98)