Mailing Address 1121 WATERSIDE LANE

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000034076

Principal Place of Business

1121 WATERSIDE LANE

INFORMATION STRATEGIC SOLUTIONS, INC.

HOLLYWOOD FL 33019		HOLLYW	HOLLTWOOD FL 33019			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 04/14/1998			,
2. Principal Place	of Business	2a. Mail	2a. Mailing Address			4. FEI Number		Appl	lied For
21		26	26			65-0840613		Not	Applicable
Suite, Apt. #, e	etc.	Suite	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required			
City & State		City	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip		Country		8. This corporation owes the current year	Intangible	_	
24	25	29	30			Personal Property Tax.	Yes		JNo
	9. Name and Address of Cur			-		10. Name and Address of New Register	ed Agent		
				81	Name				
LOIZZO, A. 1121 WATERSIDE LANE				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
HOLLYV	WOOD FL 33019			83					
				84	City	mi m v	85	Zip Co	ode
				04	City	F	FL 85	_ .p o	~~
agent. I am fa SIGNATURE	amiliar with, and accept the oblanting with, and accept the oblanting with a second control of t	igations of, Sect	tion 607.0505, Florid	a Statutes	•	on's board of directors. I hereby accept the ap			· ·
12.	OFFICERS	AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE 1	01220, A.		☐ DELETE	1.1 TITLE		•	☐ Ch	ange	Addition
			pres/sec	1.2 NAME					
STREET ADDRESS	121 Waterside Youcywood, Fc	CANE	DIRECTOR	1.3 STREET	ADDRESS				
CITY-ST-ZIP	YOLLYWOOD, FL	33019		1.4 CITY-S	T-ZIP				
TITLE			☐ DELETE	2.1 TITLE		·	□ch	ange	☐ Addition
NAME				2.2 NAME		-			
STREET ADDRESS				2.3 STREE	ADDRESS	•			ŀ
CITY-ST-ZIP				2. 4 CITY-S	T-ZIP	n n under the first of the second of the sec			
TITLE			☐ DELETE	3.1 TITLE			Ch:	ange	Addition
NAME				3.2 NAME					4.
STREET ADDRESS				3.3 STREET	TADDRESS				-42
CITY-ST-ZIP				3.4, CITY-5	T-ZIP				☐ Addition
TITLE			☐ OELETE	4.1 TITLE			□ Ch	anye	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE					
CITY-ST-ZIP			[] perere	4.4 CITY-S	T-ZIP		[] Ch	12000	Addition
TITLE			☐ DELETE	5.1 TITLE 5.2 NAME			ال ال	ango	
NAME				5.3 STREE	ADDRESS				
STREET ADDRESS				5.4 CITY-S	i				
CITY-ST-ZIP			DELETE	6.1 TITLE	1-711		□ Ch	ange	☐ Addition
TITLE			C Delete	6.2 NAME		•			
NAME				1	TADORESS				
STREET ADDRESS				6.4 CITY-S	f				
CITY-ST-ZIP				0.4 (1) 1-3	1-2IF				

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 or an attachment with an address, with all other like empowered. **SIGNATURE:**

Daytime Phone #

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90245 028 ***150.00