

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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90024 039 \*\*\*150.00

DOCUMENT # P98000076166

1. Corporation Name

J & M ISSA CORP.

Principal Place of Business

2777 SW ARCHER RD. #LL-186  
GAINESVILLE FL 32608

Mailing Address

2777 SW ARCHER RD. #LL-186  
GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1998

4. FEI Number

59-3529312

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 No

9. Name and Address of Current Registered Agent

FELICITA, MARIA I  
2777 SW ARCHER RD. #LL-186  
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name MARIA I. FELICITA  
82 Street Address (P.O. Box Number is Not Acceptable)  
6253 NEWBERRY RD.  
83 SUITE # F-20  
84 City GAINESVILLE FL 85 Zip Code 32605

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, 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	CD	1.1 TITLE	CD
NAME	ALL-ISSA, JAMIL	1.2 NAME	JAMIL AL-ISSA
STREET ADDRESS	2777 SW ARCHER RD. #LL-186	1.3 STREET ADDRESS	6253 NEWBERRY RD. # F-20
CITY-ST-ZIP	GAINESVILLE FL 32608	1.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	VPD	2.1 TITLE	VPD
NAME	AL-ISSA, MUSTAFA	2.2 NAME	MUSTAFA AL-ISSA
STREET ADDRESS	7762 SUGAR BEND DR.	2.3 STREET ADDRESS	6253 NEWBERRY RD. # F-20
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

(352) 331-6025

Daytime Phone #

CR2E034 (11/98)