


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90046 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P980000087828					
1. Corporation Name ISP-BROWARD, INC.					
Principal Place of Business 1040 BAYVIEW DRIVE #600 FT. LAUDERDALE FL 33304			Mailing Address 1040 BAYVIEW DRIVE #600 FT. LAUDERDALE FL 33304		
2. Principal Place of Business 21 7135 NW 88 Ave Suite, Apt. #, etc. 22 City & State 23 Tamarac FL Zip 24 33321 Country 25 USA		2a. Mailing Address 26 7135 NW 88 Ave Suite, Apt. #, etc. 27 City & State 28 Tamarac FL Zip 29 33321 Country 30 USA		3. Date Incorporated or Qualified 10/14/1998	
				4. FEI Number 65-0868473	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GOFF, CHARLES A 1040 BAYVIEW DRIVE #600 FT. LAUDERDALE FL 33304			10. Name and Address of New Registered Agent 81 Name Ian Scott Bruce 82 Street Address (P.O. Box Number is Not Acceptable) 7135 NW 88 Ave 83 84 City Tamarac FL 85 Zip Code 33321		
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 <i>Ian Scott Bruce</i> Ian Scott Bruce 1-12-99 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input checked="" type="checkbox"/> DELETE			1.1 TITLE Pres/Dir Sec/Treas <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME GOFF, CHARLES A			1.2 NAME Ian Scott Bruce		
STREET ADDRESS 1040 BAYVIEW DRIVE #600			1.3 STREET ADDRESS 7135 NW 88 Ave		
CITY-ST-ZIP FT. LAUDERDALE FL 33304			1.4 CITY-ST-ZIP Tamarac FL 33321		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE Vice Pres. <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			2.2 NAME Meredith Bruce		
STREET ADDRESS			2.3 STREET ADDRESS 7135 NW 88 Ave		
CITY-ST-ZIP			2.4 CITY-ST-ZIP Tamarac FL 33321		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: *Ian Scott Bruce* Ian Scott Bruce 1-12-99 954-718-0822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #