

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726487 (2)
1. Corporation Name
INTERNATIONAL STUDIO APARTMENT ASSOCIATION, INC.

Principal Place of Business 1480 SO. OCEAN BLVD. POMPANO BEACH FL 33062	Mailing Address 1480 SO. OCEAN BLVD. POMPANO BEACH FL 33062
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 05/23/1973
4. FEI Number 59-1489547
Applied For Not Applicable
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**BOROWIAK, RAYMOND
1480 S OCEA BLVD
POMPANO BCH FL 33062**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE RAYMOND H. BOROWIAK Raymond H. Borowiak 4.7.98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	EHRET, JACQUELINE
STREET ADDRESS	950 PONCE DE LEON RD, 409
CITY-ST-ZIP	BOCA RATON FL
TITLE	AT <input checked="" type="checkbox"/> DELETE
NAME	RICCIO, ELIZABETH
STREET ADDRESS	1480 S OCEAN BLVD
CITY-ST-ZIP	POMPANO BEACH, FL 00000
TITLE	T <input type="checkbox"/> DELETE
NAME	CROTTY, RITA
STREET ADDRESS	1480 S OCEAN BLVD
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	GOODWIN, RALPH
STREET ADDRESS	1500 S OCEAN BLVD
CITY-ST-ZIP	POMPANO BEACH, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	PICARDI, JERRY
STREET ADDRESS	1480 S OCEAN BLVD
CITY-ST-ZIP	POMPANO BEACH, FL 00000
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WELLS, JOHN
STREET ADDRESS	1411 S DIXIE HWY
CITY-ST-ZIP	POMPANO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEC. WILDING, LORRAINE
1.3 STREET ADDRESS	740 S. FEDERAL HWY
1.4 CITY-ST-ZIP	POMPANO BEACH FL 33062
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TREASURE CAPRESECCO, SHIRLEY
2.3 STREET ADDRESS	1480 S OCEAN BLVD 420
2.4 CITY-ST-ZIP	POMPANO BEACH FL 33062
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP CANNOL, PAULA
3.3 STREET ADDRESS	1481 S OCEAN BLVD
3.4 CITY-ST-ZIP	POMPANO BEACH FL 33062
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RAYMOND H. BOROWIAK Raymond H. Borowiak 3/30/98

CP2E037 (10/97)