

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mirhart
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 11 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L28407**

(9)

1. Corporation Name

INTERNATIONAL SALES ASSOCIATES, INC.

Principal Place of Business

1900 GLADES RD
STE 200
BOCA RATON FL 33431
US

Mailing Address

1900 GLADES RD
STE 200
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 **6826 Portside Drive**

Suite, Apt. #, etc.

26 Mailing Address

26 **6826 Portside Drive**

Suite, Apt. #, etc.

22 City & State

23 **BOCA RATON FL**

27 City & State

28 **BOCA RATON FL**

Zip

24 **33496**

Country

25 **U.S.**

Zip

29 **33496**

Country

30 **U.S.**

9. Name and Address of Current Registered Agent

KOVNER, GARY
2686 NW 49 ST
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **KOVNER, S. GARY**
STREET ADDRESS **1900 GLADES RD, STE 200**
CITY, ST, ZIP **BOCA RATON FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE **D**
NAME **KOVNER, JANET**
STREET ADDRESS **1900 GLADES RD, STE 200**
CITY, ST, ZIP **BOCA RATON FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(b), Florida Statute. 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 manager or trustee empowered to execute this report as required by Chapter 607, Florida Statute, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE:

(Signature and Typed or Printed Name of Officer or Director)

4/5/95 407-994-7678
Chapter 607

037378 CP

Form 8822

(Rev. May 1994)

Department of the Treasury
Internal Revenue Service

L29407

Change of Address

► Please type or print.

OMB No. 1545-1163
Expires 6-30-95

► See instructions on back. ► Do not attach this form to your return.

Part I Complete This Part To Change Your Home Mailing Address

Check ALL boxes this change affects:

- 1 Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)
 ► If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here
- 2 Employment tax returns for household employers (Forms 942, 940, and 940-EZ)
 ► Enter your employer identification number here
- 3 Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)
 ► For Forms 706 and 706-NA, enter the decedent's name and social security number below.

► Name

► Social security number

4a Your name (first name, initial, and last name)	4b Your social security number
5a Spouse's name (first name, initial, and last name)	5b Spouse's social security number

6 Prior name(s). See instructions.

7a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.
7b Spouse's old address, if different from line 7a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.
8 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check ALL boxes this change affects:

- 9 Employment, excise, and other business returns (Forms 720, 941, 990, 1041, 1065, 1120, etc.)
- 10 Employee plan returns (Forms 5500, 5500-C/R, and 5500-EZ). See Instructions.
- 11 Business location

12a Business name	12b Employer identification number
International Sales Associates Inc.	65 0156608
13 Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Room or suite no.
1900 Glades Rd. Ste 200 Boca Raton FL 33431	Ste #200
14 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Room or suite no.
6826 Portside Drive Boca Raton FL 33496	Office
15 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.	Room or suite no.
Same As Above	

Part III Signature

Daytime telephone number of person to contact (optional) ► (407) 998-2678

Please
Sign
Here

Signature

Your signature

Date

14/5/95

If Part II completed, signature of owner, officer, or representative Date

14/5/95

Signature

President

II Joint return, spouse's signature

Date

Title

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Cat. No. 12001V

Form 8822 (Rev. 5-94)