

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L28407** (9)

1. Corporation Name
INTERNATIONAL SALES ASSOCIATES, INC.

Principal Place of Business Mailing Address
1900 GLADES RD **1900 GALADES RD**
STE 200 **STE 200**
BOCA RATON FL 33431 **BOCA RATON FL 33431**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
11/06/1989 **04/26/1994**

2. Principal Place of Business 2a. Mailing Address
21 **6826 Portside Drive** 26 **6826 Portside Drive**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number Applied For
~~65-0161760~~ **65-0156608** Not Applicable

22 27
City & State City & State
23 **BOCA RATON FL** **BOCA RATON FL**
Zip Country Zip Country
24 **33496** 25 **U.S.** 29 **33496** 30 **U.S.**

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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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 85 Zip Code
FL

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 DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	KOVNER, S. GARY
STREET ADDRESS	1900 GLADES RD, STE 200
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	KOVNER, JANET
STREET ADDRESS	1900 GLADES RD, STE 200
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *[Signature]* 4/5/95 407-994-7678
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Date (Optional Phone #)

APPROVED AND FILED
95 APR 11 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L28407

Form **8822**

Change of Address

OMB No. 1545-1163
Expires 5-31-95

Rev. May 1994
Department of the Treasury
Internal Revenue Service

Please type or print.

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 <i>INTERNATIONAL SALES ASSOCIATES INC</i>	12b Employer identification number <i>65 0156608</i>
13 Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. <i>1900 Glades Rd. Ste 200 Boca Raton FL 33431</i>	Room or suite no. <i>Ste #200</i>
14 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. <i>6826 Portside Drive Boca Raton FL 33496</i>	Room or suite no. Ste #200
15 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions. <i>SAME AS ABOVE</i>	Room or suite no.

Part III Signature

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

Please Sign Here

<i>Sayfa Kamm</i> Your signature	<i>14/5/95</i> Date	<i>Sayfa Kamm</i> If Part II completed, signature of owner, officer, or representative	<i>14/5/95</i> Date
		<i>President</i> Title	

▶ If joint return, spouse's signature Date Title

For Privacy Act and Paperwork Reduction Act Notice, see back of form. Cut. No. 12001V Form 8822 (Rev. 5-04)