

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # L28407 (9)
 1. Corporation Name
INTERNATIONAL SALES ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1350 SW 32 WAY
 DEERFIELD BEACH FL 33442
 US**

Mailing Address
**6826 PORTSIDE DR.
 BOCA RATON FL 33496
 US**

3. Date Incorporated or Qualified
11/06/1989

4. FEI Number
65-0156608

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Country

26. Suite, Apt #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Country

9. Name and Address of Current Registered Agent

**KOVNER, SANFORD
 6826 PORTSIDE DR.
 BOCA RATON FL 33496**

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 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) (NEED Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**P
 KOVNER, SANFORD
 6826 PORTSIDE DR.
 BOCA RATON FL 33496**

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**S
 KOVNER, JANET
 6826 PORTSIDE DR.
 BOCA RATON FL 33496**

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. 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 in an attachment with an address.

SIGNATURE: *Sanford Kovner* 4/21/98 954-421-2090

CR2E034 (10/97)