

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Oct 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N 32498**

1. Corporation Name

**International Special Events Society, Inc.**

Principal Place of Business

Mailing Address

**300002656489**

**-10/06/98--01020--048**

**\*\*\*61.25**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>c/o Steven Pollock</b>		26 <b>c/o Steven Pollock</b>		<b>05/25/1989</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 <b>P.O. Box 272920</b>		27 <b>P.O. Box 272920</b>		<b>33-0302596</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 <b>Boca Raton, FL</b>		28 <b>Boca Raton, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip		Zip		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 <b>33427-2920</b>		29 <b>33427-2920</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country			
25 <b>US</b>		30 <b>US</b>			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	<b>Steven Pollock</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1249 N.W. 7 Street</b>
83	
84 City	<b>Boca Raton</b>
85 Zip Code	<b>FL 33486</b>

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>PD Steven Pollock</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>1249 NW 7 Street</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33486</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>VD Robert DeFries</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>c/o Panache, 650 SW 16 Terrace</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Pompano Beach, FL 33069</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>TD Sherri L. Fuchs</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>c/o COMCOR, 5353 N. Federal Hwy., #402</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33308</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>SD Tracy Porter</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>c/o BCC, 255 E. Las Olas Blvd.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33301</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>D Mona S. Meretsky, CSEP</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>c/o COMCOR, 5353 N. Federal Hwy., #402</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33308</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>D Lauren Fine</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>1151 N. Atlantic Blvd., Apt. 10C</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33304</b>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Steven Pollock, President 9-29-98**

**561-**

**750-8870**

CR2E037 (5/98)