

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 20, 1999 8:00 am**  
**Secretary of State**

09-20-1999 90009 017 \*\*\*\*61.25

**DOCUMENT # N32498**

1. Corporation Name

**INTERNATIONAL SPECIAL EVENTS SOCIETY, INC.**

617283-90009-17 3 \*

Principal Place of Business

C/O STEVEN POLLOCK  
P.O. BOX 272920  
BOCA RATON FL 33427-2920  
US

Mailing Address

C/O STEVEN POLLOCK  
P.O. BOX 272920  
BOCA RATON FL 33427-2920  
US



2. Principal Place of Business

21 **c/o Steven Pollock**

Suite, Apt. #, etc.

22 **1249 NW 7<sup>th</sup> Street**

City & State

23 **Boca Raton, FL**

Zip

24 **33486**

Country

25 **US**

2a. Mailing Address

26 **c/o Steven Pollock**

Suite, Apt. #, etc.

27 **1249 NW 7<sup>th</sup> Street**

City & State

28 **Boca Raton, FL**

Zip

29 **33486**

Country

30 **US**

3. Date Incorporated or Qualified

**05/25/1989**

4. FEI Number

**33-0302596**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**POLLOCK, STEVEN**  
**1249 N.W. 7 STREET**  
**BOCA RATON FL 33486**

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 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

**Steven Pollock**

**9-13-99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**

STREET ADDRESS **POLLOCK, STEVEN**

CITY-ST-ZIP **1249 N.W. 7 STREET**

**BOCA RATON FL 33486**

TITLE ☐ DELETE

NAME **VD**

STREET ADDRESS **DEFRIEST, ROBERT**

CITY-ST-ZIP **C/O PANACHE, 650 S.W. 16 TERRACE**

**POMPANO BEACH FL 33069**

TITLE ☒ DELETE

NAME **TD**

STREET ADDRESS **FUCHS, SHERRI L**

CITY-ST-ZIP **C/O COMCOR, 5353 NORTH FEDERAL HWY. 402**

**FORT LAUDERDALE FL 33308**

TITLE ☒ DELETE

NAME **SD**

STREET ADDRESS **PORTER, TRACY**

CITY-ST-ZIP **C/O BCC, 255 E. LAS OLAS BOULEVARD**

**FORT LAUDERDALE FL 33301**

TITLE ☐ DELETE

NAME **D**

STREET ADDRESS **MERETSKY, MONA S CSEP**

CITY-ST-ZIP **C/O COMCOR, 5353 NORTH FEDERAL HWY., 402**

**FORT LAUDERDALE FL 33308**

TITLE ☒ DELETE

NAME **D**

STREET ADDRESS **FINE, LAUREN**

CITY-ST-ZIP **1151 NORTH ATLANTIC BOULEVARD, APT. 10C**

**FORT LAUDERDALE FL 33304**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PSD**

1.3 STREET ADDRESS **Pollock, Steven**

1.4 CITY-ST-ZIP **1249 NW 7 Street**

**Boca Raton, FL 33486**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **TD**

3.3 STREET ADDRESS **Fromowitz, Felice R.**

3.4 CITY-ST-ZIP **c/o A Joy Wallace Catering Production**

**8501 S.W. 129 Terrace, Miami, FL 33156**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**Steven Pollock**  
**9-13-99**

**(561)395-8466**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (5/99)

N32498  
617283-90009-17



## **International Special Events Society South Florida / Caribbean Chapter**

### **Further Additional Officers Nonprofit Corporation Annual Report 1999**

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Arthur Appel  
c/o Bon Appetit Caterers, 5730 Dawson Street  
Hollywood, FL 33023

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Sandra Berryhill  
c/o COMCOR, 5353 North Federal Highway, Suite 402  
Fort Lauderdale, FL 33308

D

Frank Peters  
c/o Professional Sounds, 21000 Boca Rio Road, Suite A26  
Boca Raton, FL 33433

D

Bobby Ramirez  
c/o Breezwave Productions, P.O. Box 441942  
Miami, FL 33144

D

Stacy N. Stern, CSEP  
c/o The Special Events Group, 14770 Biscayne Boulevard  
North Miami, FL 33181

D

Robert Swire  
c/o It's Your Party, 7200 West Cypresshead Drive  
Parkland, FL 33067

  
Steven Pollock 9-13-99

### **ISES South Florida / Caribbean Chapter**

c/o Steven Pollock, 1249 N.W. 7th Street, Boca Raton, FL 33486  
Phone: (561) 395-8466 Fax: (561) 395-5581 E-mail: sp@pronews.net