

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 16 1996 8:00 am
Secretary of State

DOCUMENT # P36063 (6)

1. Corporation Name:

INTERNATIONAL STANDARDS GROUP LIMITED, INC.

Principal Place of Business:

3200 NORTH MILITARY TRAIL, #210
BOCA RATON FL 33431

Mailing Address:

3200 NORTH MILITARY TRAIL, #210
BOCA RATON FL 33431



2. Principal Place of Business:

21 State, Apt. #, etc.

22 City & State:

24 Zip Country:

2a. Mailing Address:

26 State, Apt. #, etc.

27 City & State:

29 Zip Country:

3. Date Incorporated or Qualified

10/17/1991

3a. Date of Last Report

04/07/1995

4. FEI Number

75-2274730

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

LENTS, JOSEPH L.
3200 N. MILITARY TRAIL
SUITE 210
BOCA RATON FL 33431

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 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 of Registered Agent

Signature of Registered Agent

DATE:

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE	CDP	<input type="checkbox"/> DELETE
NAME	LENTS, JOSEPH L.	
STREET ADDRESS	3200 N. MILITARY TRAIL	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	VPCF	<input type="checkbox"/> DELETE
NAME	MURPHY, LORETTA A	
STREET ADDRESS	3200 N. MILITARY TRAIL #210	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOVERIDGE, JOHN	
STREET ADDRESS	3200 N. MILITARY TRAIL	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LOVERIDGE, C. DENNING	
STREET ADDRESS	3200 N. MILITARY TRAIL	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PIEDMONTE, ANTHONY J.	
STREET ADDRESS	3200 N. MILITARY TRAIL	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARLSEN, CHRISTIAN E.	
STREET ADDRESS	3200 N. MILITARY TRAIL #300	
CITY-STATE-ZIP	BOCA RATON FL	

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-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 119.07(3)(k), 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 on an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Loretta A. Murphy 02/13/96

(407) 997-5880

CR2E034 (12/95)