

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000009157 (5)

1. Corporation Name

INTERNATIONAL SALES GROUP/SUNCOAST, INC.



Principal Place of Business

Mailing Address

**2000 W COMMERCIAL BLVD
SUITE 232
FT LAUDERDALE FL 33309**

**2000 W COMMERCIAL BLVD
SUITE 232
FT LAUDERDALE FL 33309**

Date Incorporated or Qualified **02/03/1995** Date of Last Report **5/96**

2. Principal Place of Business

2a. Mailing Address

21 5161 COLLINS AVE

26 5161 COLLINS AVE

FEI Number

65-0574752

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite Apt. #, etc.

22 #408

27 #408

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 MIAMI BEACH, FL.

28 MIAMI BEACH, FL.

This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip Country

Zip Country

24 33140

25 USA

29 33140

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLODNY, MICHAEL
2000 W COMMERCIAL BLVD
SUITE 232
FT LAUDERDALE FL 33309**

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 607.0502 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

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	COLODNY, MICHAEL	2000 W COMMERCIAL BLVD SUITE 232	FT LAUDERDALE FL 33309	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PHILIP J. SPIEGELMAN	
1.3 STREET ADDRESS	5161 COLLINS AVE #408	
1.4 CITY - ST - ZIP	MIAMI BEACH, FL. 33140	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CRAIG STUDNICKY	
2.3 STREET ADDRESS	5161 COLLINS AVE #408	
2.4 CITY - ST - ZIP	MIAMI BEACH, FL. 33140	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

I do hereby certify that the information furnished 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. Sign and attach with an address.

SIGNATURE:

Philip J. Spiegelman
PHILIP J. SPIEGELMAN

305-866-1333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)