

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

FILED

Jun 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000079741 (0)

1. Corporation Name
INTERIOR SPACE AFFILIATES, INC.



Principal Place of Business

Mailing Address

3000 HIGH RIDGE ROAD
SUITE 12
BOYNTON BEACH FL 33426

3000 HIGH RIDGE ROAD
SUITE 12
BOYNTON BEACH FL 33426-8771

2. Principal Place of Business

21 3200 S. CONGRESS

Suite, Apt. #, etc.

22 SUITE 204

City & State

23 BOYNTON BEACH, FL

Zip

24 33426

Country

25 USA

2a. Mailing Address

26 3200 S. CONGRESS

Suite, Apt. #, etc.

27 SUITE 204

City & State

28 BOYNTON BEACH, FL

Zip

29 33426

Country

30 USA

3. Date Incorporated or Qualified

09/20/1996

3a. Date of Last Report

NA

4. FEI Number

45-0696735

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

KOWALSKY, BONNIE N
3000 HIGH RIDGE ROAD
SUITE 12
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

81 Name BONNIE N KOWALSKY
82 Street Address (P.O. Box Number is Not Acceptable)
3200 S. CONGRESS
83 SUITE 204
84 City BOYNTON BEACH FL 85 Zip Code 33426

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

Bonnie N. Kowalsky

(NOTE: Registered Agent signature required when re-registering)

4/30/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KOWALSKY, BONNIE N
STREET ADDRESS 690 BOCA MARINA COURT
CITY-ST-ZIP BOCA RATON FL 33487 ☐ 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 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 do 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 on an attachment with an address.

SIGNATURE Bonnie N. Kowalsky Bonnie N. Kowalsky 4/30/97 45-0696735-306

CR2E034 (9/96)