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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000086968**1. Corporation Name

Country

IS ASSOCIATES, INC.

Suite, Apt. #, etc.

City & State

22

23

Zip

Mailing Address Principal Place of Business 1226 COMMERCE ST., STE. 300 1226 COMMERCE ST., STE. 300 DALLAS TX 75202 DALLAS TX 75202 2a. Mailing Address 2. Principal Place of Business 21 26

27

28

Suite, Apt. #, etc.

City & State

## **FILED** Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90033 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

10/08/1997

75-2730727

4. FEI Number

4	25	29	30			Personal Property Tax.	⊔ Yes	INO
<u> </u>	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Reg	stered Agent	<del>-                                    </del>
		A STATE OF THE STA		81 Name	,	•		
THE PRENTICE-HALL CORPORATION SYSTEM, INC.				82 Stree	Addre	ss (P.O. Box Number is Not Acceptable	,	
1201	I HAYS STREET			000	,,,,,,,			
Tali	LAHASSEE FL 32301			83		1.为中性实情的特殊		
•				84 City		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip	Code 22 3
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11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508, Florida 5	Statutes, the a	bove-name	Согро	ration submits this statement for the pur	pose of changing its	registered
office or i	registered agent, or both, in the Statem familiar with, and accept the obli	te of Florida: Such change v	vas authorized	by the con	ooration	n's board of directors. I hereby accept the	e appointment as re	gistered
SIGNATURE		;						
	Signature, typed or printed name of registered a		· · · · · · · · · · · · · · · · · · ·	Agent signature	required	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	7DS IN 12
12.	1	AND DIRECTORS	13.		_		Change	☐ Addition
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NAME	1228 CCAMMENTAL 1 1 1 1 1	• • • • • • • • • • • • • • • • • • • •	62 N	AME				
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CITY-ST-ZIP	VS		6.4 C	TY-ST-ZIP				
44   hasshir	and if that the information supplied	with this filing does not qua			ad in S	ection 119.07(3)(i), Florida Statutes. I fu	rther certify that the	information

officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter Block 12 or Block 13 if charged, or on an attachment with an address, with all other like empowered.

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

N.,

Not Applicable