

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90091 036 ****70.00

0085823

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 722286

1. Corporation Name

INTERNATIONAL INDEPENDENT SHOWMEN'S FOUNDATION, INC.

Principal Place of Business

6915 RIVERVIEW DR.
 GIBSONTON FL 33534

Mailing Address

6915 RIVERVIEW DR.
 GIBSONTON FL 33534



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	P.O. Box 188	12/17/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1371753	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		Gibsonton, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24		25	33534	30	USA

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MCEWEN, DAVID B. 150 SECOND AVE. NORTH SUITE 1700 ST. PETERSBURG FL 33701				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYAL, JOE	1.2 NAME	OAKES, ALLEN
STREET ADDRESS	6915 RIVERVIEW DR	1.3 STREET ADDRESS	6915 Riverview Dr.
CITY-ST-ZIP	GOBSONTON FL	1.4 CITY-ST-ZIP	Gibsonton, FL 33534
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARKEE, BARBARA	2.2 NAME	ARNOLD, JON
STREET ADDRESS	6915 RIVERVIEW DR	2.3 STREET ADDRESS	6915 Riverview Dr.
CITY-ST-ZIP	GIBSONTON FL	2.4 CITY-ST-ZIP	Gibsonton, FL 33534
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OAKES, ALLEN	3.2 NAME	COOKE, WILBUR
STREET ADDRESS	6915 RIVERVIEW DR	3.3 STREET ADDRESS	6915 Riverview Dr.
CITY-ST-ZIP	GIBSONTON FL	3.4 CITY-ST-ZIP	Gibsonton, FL 33534
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIKES, CAROL	4.2 NAME	
STREET ADDRESS	6915 RIVERVIEW DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	GIBSONTON FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, MARTHA	5.2 NAME	
STREET ADDRESS	6915 RIVERVIEW DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	GIBSONTON FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Katherine Harris SECRETARY 4-13-99 813-677-9377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)