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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L98550

1. Corporation Name

ESSENTIAL MEETING SERVICES. INC.

LOOLIVI	IND MEDING SERVICES						
Principal Place	e of Business	Mailing Address			B B 2 B B 1 B B 1 D 1	811 81811 1881	
3023 NE 183RD	LANE	3023 NE 183RD LANE					
N. MIAMI BEAC		N. MIAMI BEACH FL 33160					
				DO NOT WRITE IN THIS	S SPACE	,	
	,			3. Date Incorporated or Qualifed 09/10/1990			
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	App	lied For	1.0
21		26		65-0219645		Applicable	- 4
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad		ż
22		27		C. Contracto di Citato decina	Fee Req	uired	-
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 N		
23		28		Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Ir		٦	
24	25		30	Personal Property Tax.		No	
	9. Name and Address of Curre	nt Registered Agent	04 11	10. Name and Address of New Registered	Agent		
7411	V CALLV M		81 Name				
	K, SALLY M		82 Street Add	ress (P.O. Box Number is Not Acceptable)			
3023 NE 183RD DRIVE NORTH MIAMI BEACH FL 33160				and the second s	y		
NUF	TIN MIAMI DEACH FL 33100		83				
			84 City	F	85 Zip Co	òde	
					6 - 1 - 2 - 3 - 3		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose o	or changing its r	egisterea	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was au	thorized by the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	or changing its regi	egistered istered	
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was au ations of, Section 607.0505, Flori	thorized by the corporation idea Statutes.	ion's board of directors. I hereby accept the appo	or changing its regi	egistered istered	
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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 607, 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90032 014 ***150.00