

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

FILED

**Feb 25 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 # M93862 (4)

**1. Corporation Name
EVENT SERVICES AMERICA, INC.**



Principal Place of Business
9900 STIRLING ROAD
SUITE 101
PEMBROKE PINES FL 33024

Mailing Address
9900 STIRLING ROAD
SUITE 101
PEMBROKE PINES FL 33024-8043

3. Date Incorporated or Qualified 08/11/1988
3a. Date of Last Report 02/08/1996

2. Principal Place of Business

4. FEI Number 95-4166464
Applied For
Not Applicable

2a. Mailing Address

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

Suite, Apt. #, etc.

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

City & State

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

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL, BRIAN A
9900 STIRLING RD. #101
SUITE 101
PEMBROKE PINES FL 33024**

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 *Brian Campbell* **Brian Campbell** **2/20/97**
Signature typed in printed name of registered agent and block if applicable (NOTE: Registered Agent signature required when reinstating) **DATE**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZUMWALT, DAMON	
STREET ADDRESS	9900 STIRLING RD #101	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VTSD	<input type="checkbox"/> DELETE
NAME	KRANSKE, PETER C	
STREET ADDRESS	9900 STIRLING RD #101	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ANDERSON, JOHN	
STREET ADDRESS	9900 STIRLING RD #101	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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: *John W. Anderson* **JOHN W. ANDERSON** **2/20/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** Daytime Phone #

CR2E034 (9/96)