SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N44678** **(3)**

1. Corporation Name
MEETING PROFESSIONALS INTERNATIONAL INCORPORATED

Principal Place of Business	Mailing Address
USF COLLEGE OF MEDICINE MDC-19 TAMPA FL 33612 US	12901 BRUCE B DOWNS MDC-19 TAMPA FL 33612 US

3. Date Incorporated or Qualified: 08/12/1991
3a. Date of Last Report: 08/04/1995

2. Principal Place of Business
21 Sheraton Sand Key
22 Suite, Apt. #, etc.
23 City & State: Clearwater, FL
24 Zip: 34630 25 Country:

2a. Mailing Address
26 1160 Gulf Blvd.
27 Suite, Apt. #, etc.
28 City & State: Clearwater, FL
29 Zip: 34630 30 Country: US

4. FEI Number: 31-1135141 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

DANIELS, DONNA G
12901 BRUCE B DOWNS BLVD #MDC19
USF COLLEGE OF MEDICINE
33612 FL 34622

10. Name and Address of New Registered Agent

81 Name: Susan Blair
82 Street Address (P.O. Box Number is Not Acceptable): 1160 Gulf Blvd
83
84 City: Clearwater FL 85 Zip Code: 34630

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: Susan Blair DATE: 6/28/96
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	P	☐ DELETE	11 TITLE	D	☒ Change ☐ Addition
NAME	DANIELS, DONNA		12 NAME	Donna Daniels	
STREET ADDRESS	12901 BRUCE D DOWNS BLVD #MDC19		13 STREET ADDRESS	5915 Benjamin Center Drive	
CITY-ST-ZIP	TAMPA FL		14 CITY-ST-ZIP	Tampa, FL 33634	
TITLE	VP	☐ DELETE	21 TITLE	P	☒ Change ☐ Addition
NAME	BLAIR, SUSAN		22 NAME	Susan Blair	
STREET ADDRESS	1160 GULF BLVD		23 STREET ADDRESS	1160 Gulf Blvd	
CITY-ST-ZIP	CLEARWATER FL		24 CITY-ST-ZIP	Clearwater, FL 34630	
TITLE	T	☒ DELETE	31 TITLE	D	☐ Change ☒ Addition
NAME	SMITH-GONZALES, SHELLEY		32 NAME	Lori Morgan	
STREET ADDRESS	1201 GULF BLVD		33 STREET ADDRESS	2203 40th Street West	
CITY-ST-ZIP	CLEARWATER FL		34 CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	S	☒ DELETE	41 TITLE	300001902008	☐ Change ☐ Addition
NAME	SIMMONS, NEDRA		42 NAME	-07/23/96--01104--003	
STREET ADDRESS	430 S GULFVIEW BLVD		43 STREET ADDRESS	***61.25	
CITY-ST-ZIP	CLEARWATER FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE	VP	☒ Change ☐ Addition
NAME	LAMM, TAMMY		52 NAME	Tammy Lamm	
STREET ADDRESS	5600 GULF BLVD		53 STREET ADDRESS	5600 Gulf Blvd	
CITY-ST-ZIP	ST PETE FL		54 CITY-ST-ZIP	St. Pete FL	
TITLE	D	☐ DELETE	61 TITLE	D	☒ Change ☒ Addition
NAME	GOLDSMITH, NOLAN		62 NAME	Nolan Goldsmith	
STREET ADDRESS	1354 STURBRIDGE CT		63 STREET ADDRESS	3039 Brookfield Ln	
CITY-ST-ZIP	TAMPA FL		64 CITY-ST-ZIP	Clearwater, FL 34621	

7/23/Ck

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Susan Blair (OFFICER) 6/28/96 813 593-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Susan Blair