FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jun 26 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N44678

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MEETING PROFESSIONALS INTERNATIONAL INCORPORATED

Himmiting I that market man with min				
Principal Place of Business	of Business Mailing Address		- I OBBINION ON BION ONNIO ONAN (EDE)	1831 B1811 B1811 B1813 B1811 85915 B1811 3881
SHERATON SAND KEY 1160 GULF BLVD. CLEARWATER FL 34630 US SHERATON SAND KEY 1160 GULF BLVD. CLEARWATER FL 34630-2 US			Date Incorporated or Qualified	3a. Date of Last Report
US	US		08/12/1991	07/23/1996
2. Principal Place of Business 21 2717 Seville Blud	28 Z717 Seville	Blud	4. FEI Number 31-1135141	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State			6. Election Campaign Financing	\$5.00 May Be
23 Cenwater	28 Cleurwal	<u></u>	Trust Fund Contribution	Added to Fees
Zip Country 24 34624 25 USA		Country	This corporation has liability for i Florida Statutes	ntangible tax under s. 199.032, Yes No
9. Name and Address of Current			10. Name and Address of New Re	glatered Agent
81 Namo Katie Graves				
BLAIR, SUSAN B2 Street Address (P.O. Box Number is Not Acceptable)				
1180 GULF BLVD. 27/7 Seville Blvd. # 6001				
CLEARWATER FL 34630				
4 .		84 City	. +	85 Zip Code
	10174500 51 51 014 44 4		ar wa her	FL 34624
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, of 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 Storage typed or pric and name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (NOTE: Registered Agent signature required when reinstating)				
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE D	DELETE	1.1 TITLE		Change Addition
NAME DANIELS, DONNA	·		ammy Lamm	-
STREET ADDRESS 5915 BENJAMIN CENTER DR.			600 Gulf Blud	
CITY-ST-ZIP TAMPA FL 33834			r. Petersburg Beach	FL 33706
TITLE	X DELETE	21 TITLE D	•	"
NAME BLAIR, SUSAN		22 NAME SY	relly Smith-Gonz	oles.
STREET ADDRESS 1160 GULF BLVD		23 STREET ADDRESS	LOI GUIT Blud.	
CITY-ST-ZIP CLEARWATER FL 34630			learwater FL	B4680 Change Addition
TITLE	- · · ·	31 TITLE S		Change
MORGAN, LORI		1 -	ori Morada eo 3 4044 St. W	
STREET ADDRESS 2203 40TH ST. W				
CITY-ST-ZIP BRADENTON FL 34205	····	3.4. CITY-ST-ZIP 4.1 TITLE	radenton, FL 34	Change Addition
TITLE VP	Deterie	بدنيوا وررور	this O areas	
NAME LAMM, TAMMY		4. 2 NAME 4.3 STREET ADDRESS	the Graves 117 seville Blud,	16101
STREET ADDRESS 5800 GULF BLVD		4.3 STREET ADURESS	ity seville blue,	>41,7 4
CITY-ST-ZIP ST PETE FL	DELETE	4.4 C(TY-ST-ZIP C) 5.1 TITLE D	learwater, FL :	Change Addition
NAME GOLDSMITH, NOLAN	A ******	5.2 NAME	SUSAN Blair	A
STREET ADDRESS 3039 BROOKFIELD LN.	i	E A ATACCT ADDRESS	I WO CHUIS CONS	<u>,</u>
CITY-ST-ZIP CLEARWATER FL 34621		5.4 CITY-ST-ZIP	learwater, PL 346	30
TITLE STOPE	DELETE	61 TITLE		☐ Change 🔀 Addition
NAME .			oe Planz	
STREET ADDRESS		<u></u>	wo Tampa City Ce	inler-
		6.3 STREET ADDRESS	ma intermed Other an	··· ·· ·

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.