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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
2717 SEVILLE BLVD STE #16101 CLEARWATER FL 34624 US	2717 SEVILLE BLVD STE #16101 CLEARWATER FL 34624 US

3. Date Incorporated or Qualified: 06/12/1991

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 5600 Gulf Blvd	26 5600 Gulf Blvd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: St. Petersburg Beach, FL	28 City & State: St. Petersburg Beach, FL
24 Zip: 33706 25 Country: USA	29 Zip: 33706 30 Country: USA

9. Name and Address of Current Registered Agent

GRAVES, KATIE
2717 SEVILLE BLVD, #16101
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name: Katie Graves
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City: FL 85 Zip Code

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: Katie Graves, KATIE Graves 4-27-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LAMM, TAMMY		1.2 NAME		
STREET ADDRESS	5600 GULF BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH-GONZALEZ, SHELLY		2.2 NAME		
STREET ADDRESS	1201 GULF BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, LORI		3.2 NAME		
STREET ADDRESS	2203 40TH ST. W		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRAVES, KATIE		4.2 NAME		
STREET ADDRESS	2717 SEVILLE BLVD, #16101		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BLAIR, SUSAN		5.2 NAME		
STREET ADDRESS	1160 GULF BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	PLANA, JOE		6.2 NAME	PLANZ, Joe	
STREET ADDRESS	TWO TAMPA CITY CENTER		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Katie Brown, Katie Graves 4-27-98 813-796-0402