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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000012076 (1)

ENCINOSA EXPOSITIONS, INC.

Principal Place of Business Mailing Address							1 (BB)(BB) ALC SHALL BANK BONIN ACTIVE BRAIN BONIN ACTIVE BININ BONIN SOCIA BANK HABI				
			31ST ST NW ES FL 34120-1701								
							3. Date Incorporated or Qualified 02/08/1996	3a. D	ate of Last R	eport	
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number		Ap	plied For	
21		26					65-0647094			t Applicable	
Suite, Apt	#, etc	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Re		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Z _i ρ	Country		Zip Country			·····	8. This corporation has liability for intangible tax under s 199.032,				
24	25 29 30			30		Florida Statutes Yes 🔀 No					
	9. Name and Address	of Current Regis	tered Agent		ar-		10. Name and Address of New Reg	Istered	Agent		
	ES, JAMES G			ľ	H	Name					
1207 3RD ST SOUTH SUITE 2					2	Street Addres	ss (P.O. Box Number is Not Acceptable	e)			
l	LES FL 33940			8	3						
					4	City		FL	-	Code	
l office or ri	to the provisions of Sectio egistered agent, or both, i m familiar with, and accep	n the State of Florid	ia. Such change was	authorized I	b۷.	the corporatio	vation submits this statement for the property backets acceptants board of directors. I hereby accept	urpose of the app	of changing it pointment as	s registered registered	
SIGNATURE.											
	Signature, type for printed harrie o				\gen	it aignature required		DATE			
12.	D	ICERS AND DIREC	DELETE	13. 1.1 TOLE			ADDITIONS/CHANGES TO OFFICE	ERS ANI	D DIRECTOR ☐ Change	S IN 12 Addition	
TITLE NAME	ENCINOSA, GEORGE	F	E''' DECENE	1.2 NAM			•		☐ crange	LI Madition	
STREET ADDRESS	161 31ST ST NW	. •-				ADDRESS .					
CITY-ST-ZIP	NAPLES FL 33964			1.4 CITY		- 1					
TITLE	D		DELETÉ	2.1 TiTLE		- LIF			Change	Addition	
NAME	ENCINOSA, DALE L			2.2 NAM						-	
STREET ADDRESS	161 31ST ST NW			2.3 STAE	ET A	ADDRESS					
CHY-ST-ZIP	NAPLES FL 33964			2. 4 C(T)	/- \$T	T-ZIP					
TITLE			DELETE	3.1 TITLE			***************************************		☐ Change	Addition	
NAME				3.2 NAM	IE						
STREET ADDRESS				3.3 STRE	ET A	ADDRESS					
CHY-ST-ZIP				3.4. CITY	/- \$T	I-ZIP					
THILE			☐ DEFELE	4.3 TITLE	E				Change	Addition	
NAME				4. 2 NAN	ΛE						
STREET ADDRESS				4.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP				4.4 CITY		- ZIP	Min		776		
TITLE			☐ DELETE	5.1 TITU					Change	Addition	
NAME				5.2 NAM							
STREET ADDRESS						ADDRESS	•				
CITY-ST-ZIP			DELETTE	5 4 City		- ZIP			Chanas	gualists -	
TITLE			☐ DELETE	6.1 TITE			· ·		Change	Addition	
NAME				6.2 NAM							
STREET ADDRESS				6.3 STRE	ET A	ADDRESS					

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.

FILED

Apr 10 1997 8:00am

Secretary of State

a kebukan dan tahun bilik bahu bahu bahu bahu bunga kibib kibih bahu bahu bebib bili bahi