

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

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90190 038 ***150.00

UC24389

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000058413**

1. Corporation Name
COMPLETE CONFERENCE MANAGEMENT, INC.



Principal Place of Business
**10621 SW 99TH TERRACE
 MIAMI FL 33176**

Mailing Address
**10621 SW 99TH TERRACE
 MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/03/1997

4. FEI Number
65-0768718 65-0877990

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **10323 S.W. 126th ST.**
 Suite, Apt. #, etc.
 22
 City & State
 23 **MIAMI FL**
 Zip Country
 24 **33176 USA**

2a. Mailing Address
 26 **10323 SW 126th ST**
 Suite, Apt. #, etc.
 27
 City & State
 28 **MIAMI FL**
 Zip Country
 29 **33176 USA**

9. Name and Address of Current Registered Agent
**LEWIS, HAROLD L
 HABER, LEWIS & PATHMAN, LLP
 2 SOUTH BISCAYNE BLVD SUITE 3660
 MIAMI FL 33131**

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HOLTZMAN, SUSAN O	
STREET ADDRESS	10621 SW 99 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BARRY T. KATZEN, M.D.	
1.3 STREET ADDRESS	1125 SAN PEDRO	
1.4 CITY-ST-ZIP	MIAMI FL 33156	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GARY J. BECKER, M.D.	
2.3 STREET ADDRESS	5925 SW 107 ST.	
2.4 CITY-ST-ZIP	MIAMI FL 33156	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMES F. BRENATI, M.D.	
3.3 STREET ADDRESS	7400 SW 47 CT.	
3.4 CITY-ST-ZIP	MIAMI FL 33143	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GERALD ZEMEL, M.D.	
4.3 STREET ADDRESS	6225 SW 98 ST	
4.4 CITY-ST-ZIP	MIAMI FL 33156	
5.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SUSAN O. HOLTZMAN	
5.3 STREET ADDRESS	10323 SW 126 ST	
5.4 CITY-ST-ZIP	MIAMI FL 33176	
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 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, with all other like empowered.

SIGNATURE: Susan O. Holtzman DATE: 3/5/99 DAYTIME PHONE #: 305-234-7530

CR2E034 (11/98)