

FILED
 May 21 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000063521
 1. Corporation Name

Display & Exhibit Concepts, Inc.

Principal Place of Business Mailing Address

**736 N. Magnolia Ave.
 Orlando, FL 32803**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

7/23/97

2. Principal Place of Business

21 **736 N. Magnolia Ave.**

State, Apt. #, etc.

22 City & State

23 **Orlando, FL**

24 **32803**

Country

2a. Mailing Address

26 **736 N. Magnolia Ave.**

State, Apt. #, etc.

27 City & State

28 **Orlando, FL**

29 **32803**

Country

4. F.I. Number

59-3457646

Applies 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. The corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

**Cheryl L. Hunt
 420 E. Hillcrest St.
 Orlando, FL 32803**

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 607.0602 and 607.1506, 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 and further with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(FPO) Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS DELETE

11 TITLE DELETE
 12 NAME **D, P Cheryl L. Hunt**
 13 STREET ADDRESS **420 E. Hillcrest St.**
 14 CITY-ST-ZIP **Orlando, FL 32803**

15 TITLE DELETE
 16 NAME **D, VP Debra M. Lippens**
 17 STREET ADDRESS **420 E. Hillcrest St.**
 18 CITY-ST-ZIP **Orlando, FL 32803**

19 TITLE DELETE
 20 NAME
 21 STREET ADDRESS
 22 CITY-ST-ZIP

23 TITLE DELETE
 24 NAME
 25 STREET ADDRESS
 26 CITY-ST-ZIP

27 TITLE DELETE
 28 NAME
 29 STREET ADDRESS
 30 CITY-ST-ZIP

31 TITLE DELETE
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

35 TITLE Change Addition
 36 NAME
 37 STREET ADDRESS
 38 CITY-ST-ZIP

39 TITLE Change Addition
 40 NAME
 41 STREET ADDRESS
 42 CITY-ST-ZIP

43 TITLE Change Addition
 44 NAME
 45 STREET ADDRESS
 46 CITY-ST-ZIP

47 TITLE Change Addition
 48 NAME
 49 STREET ADDRESS
 50 CITY-ST-ZIP

51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP

55 TITLE Change Addition
 56 NAME
 57 STREET ADDRESS
 58 CITY-ST-ZIP

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*****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information reported 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.

Debra M. Lippens 4/29/98