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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 797000074682

EXHIBITIONS, INC.

Principal Place of Business

Mailing Address

7200 SAIN L

	SO CHUR TIME	ma, soi	14 004			
ORLANDO					DO NOT WRITE IN THIS SPACE	
FLORIDA, FL 32819				3. Date Incorporated or Qualified		
	Place of Business	2a. Mailing Address		AUGUST 27, 199		
	2 OVAIL TRAILGROLE	26 4662 QUA	Tom Com.	4. FEI Number	Applied For	
Suite, Apt.		Suite, Apt. #, etc.	- IKAIH CHCK	59-3467188	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
. City & State		City & State	5	6. Election Campaign Financing	\$5.00 May Be	
23 ORL	ANDO, PLORIDA Country	28 ORLANDO		Trust Fund Contribution	710000 10 1 003	
24 <b>328</b> 3		29 32837	Country	8. This corporation owes or has paid the		
211	9. Name and Address of Current I		130 0:2:4	<ul> <li>Personal Property Tax due June 30.</li> <li>Name and Address of New Registe</li> </ul>	Yes No	
			81 Name			
3.0	oyce C. Lien			JOHN ROBERT CAS	<del>H</del>	
7:	22 FLORAL DRIV	JE	82 Street	Address (P.O. Box Number is Not Acceptable)	IRCLE	
_	•	4 100	83	SUZ GOME TRAILE	ICLE	
	rlando					
ค	LORIDA, 32803	>	84 City	RLANDO	FL 85 7 2837	
11. Pursuani t	to the provisions of Sections 607,0502 a	arid 607.1508, Florida Stat	utes, the above-named	corporation submits this statement for the purpo	ose of changing its registered	
orrice or re agent. Far	egistered ageni, or both withe State of m familiar with, and accept the objustion	riorida. Such charige was ons of, Section 607.0505. I	s authorized by the corp Florida Statutes	corporation submits this statement for the purpor oration's board of directors. I hereby accept the	appointment as registered	
SIGNATURE	40Cool	I.R.	CASH, PR	esident 3	.20.98	
SIGNATURE .	Signature type For head or or manife on agent a	eeftBe-Lapp3cank (No	D': Registered Agent signature	required when reinstating) (0)	ATE.	
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS	7.4	
TITLE		☐ DELETE	11 TATLE	P. T. V.	☐ Change ☐ Addition	
NAME			1.2 NAME	JOHN ROBERT CASH		
STREET ADDRESS			1.3 STREET ADDRESS	14-652 QUAIL TRAIL	JIKCLE	
CITY-ST-ZIP TITLE		☐ DELETE		ORLANDO, FLORIDA		
NAME		L DELETE		<b>5</b> ,	☐ Change ☐ Addition	
STREET ADDRESS			2.2 NAME	CHRISTING GEORGINA	CASH PCLL	
CITY-ST-ZIP				14652 QUAIL TRAIL CI		
TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 THUE	ORLANDO, FLORIDA Z	Change Addition	
NAME			3.1 ITAT		- Change LI AUUIJION	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - 7IP			
THLE		DELETE	51 TITLE		Change Addition	
NAME			5.2 NAME		DS	
STREET ADDRESS			5.3 STREET ADDRESS		Tx.21	
CITY-ST-7IP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY - ST - 7IP		אכינונ	
TITLE		☐ DELETE	61 TillE	<del>4000024 70</del> -03/27/9801004		
NAME			6.2 NAME	***150.00	, nai	
STREET ADDRESS			6.3 STREET ADDRESS	***13U.UU		
DITY OF TIO						

14. Thereby 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 armual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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, of an an attrichment with an address.

SIGNATURE:

**FILED** 

Mar 26 1998 8:00am

Secretary of State