

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90024 014 \*\*\*150.00

DOCUMENT # 525664

1. Corporation Name

CONVENTION PLANNING SERVICES, INC.

Principal Place of Business  
2453 ORLANDO CENTRAL PKWY  
ORLANDO FL 32809

Mailing Address  
2453 ORLANDO CENTRAL PKWY  
ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1977

4. FEI Number

59-1723972

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

DUANE LATIMER  
1950 COVE COLONY RD  
MAITLAND FL 32751

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

*Duane Latimer*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-99

12. OFFICERS AND DIRECTORS

TITLE CEO ☐ DELETE  
NAME TATE, WILLIAM A  
STREET ADDRESS 2931 SUMMERFIELD RD  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE S ☐ DELETE  
NAME DECKER, SHARON L  
STREET ADDRESS 212 ROBIN LEE RD  
CITY-ST-ZIP OVIEDO FL 32765

TITLE T ☐ DELETE  
NAME LATIMER, DUANE A  
STREET ADDRESS 8005 NASHUA LANE  
CITY-ST-ZIP ORLANDO FL 32817

TITLE V ☐ DELETE  
NAME TATE, HELEN B  
STREET ADDRESS 2931 SUMMERFIELD RD  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE P ☐ DELETE  
NAME TATE, JOHN A  
STREET ADDRESS 11505 OSPREY POINT BLVD  
CITY-ST-ZIP CLERMONT FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Duane Latimer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/99

407-851-5122

CR2E034 (11/98)

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