

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 653683 (3)

1. Corporation Name

ADELLE COX CONVENTION SERVICES & CONSULTANTS, IN  
C.



Principal Place of Business

Mailing Address

3337 OAK DR  
HOLLYWOOD FL 33021

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HOLLYWOOD FL 33021

3. Date Incorporated or Qualified  
01/28/1980

3a. Date of Last Report  
08/07/1995

4. FEI Number  
32-6249509

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITTAKER, KENNETH W  
1065 NE 125TH ST  
#300  
N MIAMI FL 33161

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

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

(Initials) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

|                 |                    |                                 |
|-----------------|--------------------|---------------------------------|
| TITLE           | PD                 | <input type="checkbox"/> DELETE |
| NAME            | COX, ADELLE M      |                                 |
| STREET ADDRESS  | 3337 OAK DRIVE     |                                 |
| CITY - ST - ZIP | HOLLYWOOD FL       |                                 |
| TITLE           | VD                 | <input type="checkbox"/> DELETE |
| NAME            | GOUWENS, DEBORAH   |                                 |
| STREET ADDRESS  | 27845 SW 165TH AVE |                                 |
| CITY - ST - ZIP | MIAMI FL           |                                 |
| TITLE           | STD                | <input type="checkbox"/> DELETE |
| NAME            | COX, LAURIE        |                                 |
| STREET ADDRESS  | 3337 OAK DRIVE     |                                 |
| CITY - ST - ZIP | HOLLYWOOD FL       |                                 |
| 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

|                    |  |
|--------------------|--|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME            |  |
| 13 STREET ADDRESS  |  |
| 14 CITY - ST - ZIP |  |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME            |  |
| 23 STREET ADDRESS  |  |
| 24 CITY - ST - ZIP |  |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |  |
| 33 STREET ADDRESS  |  |
| 34 CITY - ST - ZIP |  |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME            |  |
| 43 STREET ADDRESS  |  |
| 44 CITY - ST - ZIP |  |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |  |
| 53 STREET ADDRESS  |  |
| 54 CITY - ST - ZIP |  |
| 61 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 62 NAME            |  |
| 63 STREET ADDRESS  |  |
| 64 CITY - ST - ZIP |  |

700001913327  
-08/06/96--01006--024  
\*\*\*225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Adelle M. Cox ADELLE M. COX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filed #

CR2E034 (3/96)