

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
3337 OAK DR
HOLLYWOOD FL 33021

Mailing Address
3337 OAK DR
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/28/1980		08/05/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		32-6249509		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24		29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
25		30				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~WHITTAKER, KENNETH W~~
~~4865 NE 125TH ST~~
~~#800~~
~~N MIAMI FL 33161~~

10. Name and Address of New Registered Agent

81 Name SCHWARTZ, DAVID A., ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable) 8181 W. BROWARD BLVD.
83 SUITE 204
84 City PLANTATION FL 85 Zip Code 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

David A. Schwartz
Signature of David A. Schwartz, Esquire, Registered Agent signature required when reinstating)

7-18-97

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	AD	NAME	COX, ADELLE M	1.1 TITLE			
STREET ADDRESS			3337 OAK DRIVE	1.2 NAME			
CITY-ST-ZIP			HOLLYWOOD FL	1.3 STREET ADDRESS			
TITLE	AD	NAME	GOUWENS, DEBORAH	1.4 CITY-ST-ZIP			
STREET ADDRESS			27845 SW 185TH AVE	2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP			MIAMI FL	2.2 NAME			
TITLE	AD	NAME	COX, LAURIE	2.3 STREET ADDRESS			
STREET ADDRESS			3337 OAK DRIVE	2.4 CITY-ST-ZIP			
CITY-ST-ZIP			HOLLYWOOD FL	3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	AD	NAME	COX, KENNETH	3.2 NAME			
STREET ADDRESS			9049 WOODBREEZE	3.3 STREET ADDRESS			
CITY-ST-ZIP			WINDMERE, FL 32786	3.4 CITY-ST-ZIP			
TITLE		NAME		4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS				4.2 NAME			
CITY-ST-ZIP				4.3 STREET ADDRESS			
TITLE		NAME		4.4 CITY-ST-ZIP			
STREET ADDRESS				5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP				5.2 NAME			
TITLE		NAME		5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CITY-ST-ZIP			
CITY-ST-ZIP				6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		NAME		6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE *David A. Schwartz* SIGNATURE *Richard C. [illegible]*

CR2E034 (4/97)