

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000003736 (4)**

1. Corporation Name

ALLIED CONVENTION SERVICE, INC.

Principal Place of Business

Mailing Address

**C/O CARLTON.FIELDS.WARD.EMMANUEL P.A.
255 SOUTH ORANGE AVENUE. STE 1600
ORLANDO FL 32801**

**C/O CARLTON.FIELDS.WARD.EMMANUEL P.A.
255 SOUTH ORANGE AVENUE. STE 1600
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1995

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

g. Name and Address of Current Registered Agent

**DIAMOND, PHILIP
255 SOUTH ORANGE AVENUE
STE 1600
ORLANDO FL 32801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PREMONE, CHARLES T	
STREET ADDRESS	7550 EXCHANGE DRIVE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCNEILL, JAMES H	
STREET ADDRESS	2211 BROADWAY, N.E.	
CITY-ST-ZIP	MINNEAPOLIS MN	

TITLE	V	<input type="checkbox"/> DELETE
NAME	CASEY, WILLIAM C	
STREET ADDRESS	178 LINCOLN STREET	
CITY-ST-ZIP	BRIGHTON MA	

TITLE	S	<input type="checkbox"/> DELETE
NAME	CAHILL, GEORGE F	
STREET ADDRESS	ONE CENTER PLAZA	
CITY-ST-ZIP	BOSTON MA	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCNEILL, EDWARD J	
STREET ADDRESS	4024 SOUTH PIN OAK AVENUE	
CITY-ST-ZIP	NEW ORLEANS LA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CASEY, TIMOTHY C	
STREET ADDRESS	178 LINCOLN STREET	
CITY-ST-ZIP	BRIGHTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607.0502, Florida Statutes, and that the information is true and accurate and that my signature is that of an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address.

3)(i), Florida Statutes. I further certify that the information is 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ch. Premone

CR2E034 (10/97)