

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

**FILED**  
**May 28 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000003825 (3)**

1. Corporation Name: **INDUSTRIAL SHOWS OF AMERICA, INC.** *S-11-98*  
**PACKAGED MARKETING ENTERPRISES, INC.**



Principal Place of Business <b>20 W. AYLESBURY RD. TIMONIUM MD 21093</b>	Mailing Address <b>20 W. AYLESBURY RD. TIMONIUM MD 21093</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>164 LAKEFRONT DRIVE</b> Suite, Apt. #, etc. 22 City & State 23 <b>HUNT VALLEY, MD</b> Zip 24 <b>21030</b> Country	2a. Mailing Address 26 <b>164 LAKEFRONT DRIVE</b> Suite, Apt. #, etc. 27 City & State 28 <b>HUNT VALLEY, MD</b> Zip 29 <b>21030</b> Country
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3. Date Incorporated or Qualified <b>07/22/1997</b>	4. FEI Number <b>52-1050553</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>NA</b>		

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	81 Name 82 Street Address (P.O. Box No. if applicable) 83 84 City
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10. Name and Address of New Registered Agent <b>300002493223--5 -04/20/98--01012--025 ****185.00 ****150.00</b>	85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE <b>P</b>	NAME <b>DONAHUE, SUSAN J</b>	<input type="checkbox"/>
STREET ADDRESS <b>20 W. AYLESBURY RD.</b>	CITY-ST-ZIP <b>TIMONIUM MD 21093</b>	
TITLE <b>V</b>	NAME <b>CROSS, CHARLES E III</b>	<input type="checkbox"/>
STREET ADDRESS <b>20 W. AYLESBURY RD.</b>	CITY-ST-ZIP <b>TIMONIUM MD 21093</b>	
TITLE <b>S</b>	NAME <b>DONAHUE, JAMES</b>	<input type="checkbox"/>
STREET ADDRESS <b>20 W. AYLESBURY RD.</b>	CITY-ST-ZIP <b>TIMONIUM MD 21093</b>	
TITLE <b>T</b>	NAME <b>DONAHUE, JEAN</b>	<input type="checkbox"/>
STREET ADDRESS <b>20 W. AYLESBURY RD.</b>	CITY-ST-ZIP <b>TIMONIUM MD 21093</b>	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	1.2 NAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS <b>164 LAKEFRONT DRIVE</b>	1.4 CITY-ST-ZIP <b>HUNT VALLEY, MD 21030</b>		
2.1 TITLE	2.2 NAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS <b>164 LAKEFRONT DRIVE</b>	2.4 CITY-ST-ZIP <b>HUNT VALLEY, MD 21030</b>		
3.1 TITLE <b>TREASURER</b>	3.2 NAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS <b>164 LAKEFRONT DRIVE</b>	3.4 CITY-ST-ZIP <b>HUNT VALLEY, MD 21030</b>		
4.1 TITLE <b>SECRETARY</b>	4.2 NAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS <b>164 LAKEFRONT DRIVE</b>	4.4 CITY-ST-ZIP <b>HUNT VALLEY, MD 21030</b>		
5.1 TITLE	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
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.

*Susan Donahue* *3/7/98* (110) 771-1445

CR2E034 (10/97)