

SECOND NOTICE - CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000004223 1. Corporation Name SATH CONFERENCES ASSOCIATION, INC.			
Principal Place of Business 2200 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309		Mailing Address 2200 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		3. Date Incorporated or Qualified 07/24/1998 4. FEI Number 13-3897002 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MYDANICK, STEPHEN J 20932 CONCORD GREEN E. BOCA RATON FL 33433		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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP CP VIDOCKLER, MURRAY 9233 SW 8TH ST. BOCA RATON FL 33428 <input checked="" type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 700002962357 -08/17/99--01066--006 ****150.00 ****150.00 CPT D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP DVT VIDOCKLER, STUART J 15 SLEEPER ST. BOSTON MA 02210 <input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP D VIDOCKLER, FRANCINE 11 NANTUCKET RD. NEWTON MA 33428 <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP AS MYDANICK, STEPHEN J 20932 CONCORD GREEN E. BOCA RATON FL 33433 <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP D RUTH VIDOCKLER 9233 SW 8th ST BOCA RATON FL 33428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. 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.			
SIGNATURE: <i>Stephen J. Mydanick</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 8/2/99 Daytime Phone #: 561 883 979	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (5/99)

SP

SATH CONFERENCES ASSOCIATION, INC.

**2200 W. Commercial Blvd.
Fort Lauderdale, FL 33309**

**954-731-4600
Fax 954-731-5106**

August 2, 1999

**Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314**

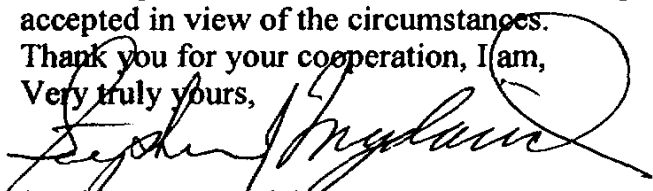
Attention: Annual Report Department

Dear Sirs:

Please be advised that Murray Vidockler, the Chairman, and President of the above corporation passed away January 29, 1999. The secretary we had in the office was soon let go for various reasons and we never saw the first notice for the annual report.

I am enclosing our annual report to reflect Mr. Vidockler's demise and I am enclosing a check for \$150, the annual filing fee and request that it be accepted in view of the circumstances.

**Thank you for your cooperation, I am,
Very truly yours,**


**Stephen J. Mydanick
Assistant Secretary**