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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| | 1996 | | | DIVISION OF CORPORATIONS | | | | | | |
|---|--|---|---------------------------------|--|--|--|--|------------------------------|--|--|
| Corporation | • | G700 | _ | (1) | | | | | | |
| FLOR | RIDA MEETING | PLANNERS, | INC. | | | | D J or anni Bena Marik a | 2 | i âlii Biêle Sidii bia | il e rek dien alen in |
| Principal Place | e of Business | | ka: | pilipa Addroop | · · · · · · | | | | | |
| 1015 INVERNESS AVENUE MELBOURNE FL 32940 | | | 1416 | Mailing Address 1015 INVERNESS AVENUE MELBOURNE FL 32940 | | | | | | |
| | | | | | | | 3. Date Incorporated or 11/15/1983 | Qualified | 3a. Date of La | st Report I/1995 |
| . Principal Pl | lace of Business | | 2a. | Mailing Address | | | 4. FEI Number | | 04/2- | Applied For |
| Suite, Art. | # etc | | 26 | 0.14 | | | 59-2353093 | | | Not Applicab |
| 00.10,74.1. | F, 010. | | 27 | Suite, Apt. #, etc. | | | 5. Certificate of Status D | esired | | 75 Additional |
| City & State | e | | | City & State | | | 6. Election Campaign Fir | | \$1 | .00 May Be |
| Zip | Cou | untry | 28 | Zip | Cour | | Trust Fund Contributio | 211 | <u> </u> | ided to Fees |
| | 25 | • | 29 | · | 30 Cou | ыгу | This corporation has li Florida Statutes | | angible tax und∈ □ No | rs 199.032, |
| | 9. Name and Ad | dress of Curren | t Regist | ered Agent | | | 10. Name and Address | | | |
| IVANE | E M. SONANDRES | | | | İ | 81 Name | | | | |
| | NVERNESS AVE. | | | | Ī | 82 Street Ad | ldress (P.O. Box Number is Not | Acceptable) | | |
| | OURNE FL 32940 | | | | } | 83 | | | - | |
| | | | | | l l | | | | | |
| | | | | | | 84 City | | | - 85 | Zip Code |
| Pursuant to or registere familiar with | to the provisions of Se ed agent, or both, in t th, and accept the ob | ections 607.0502 the State of Florid ligations of, Section | and 607 la. Such on 607.0 | .1508, Florida Statute change was authorize 505, Florida Statutes. | s, the abov | | oration submits this statement for ard of directors. I hereby accep | or the purpo t the appoin | | |
| familiar witi | th, and accept the ob- | ligations of, Section | on 607.0 | 505, Florida Statules. | es, the aboved by the co | re-named corporation's bo | ired when reinstating) | t the appoin | DATE | ts registered offi red agent. I am |
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SIGNATURE: SIGNATURE MID TYPED OR PRINTED HAME OF SIGNING OFFICER OF DIRECTOR PLUSICIAND 4/19/96 (407) 259 - 780