

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

FILED
Apr 07 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 # G70045 (1)
 1. Corporation Name
FLORIDA MEETING PLANNERS, INC.

Principal Place of Business 1015 INVERNESS AVENUE MELBOURNE FL 32940	Mailing Address 1015 INVERNESS AVENUE MELBOURNE FL 32940
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Carlson Wagonlit Trave Suite, Apt. #, etc.	2a. Mailing Address 26 6300 N. Wickham Rd. #1 Suite, Apt. #, etc.
22 6300 N. Wickham Road #1 City & State	28 Melbourne, FL 32940 City & State
23 Melbourne, FL 32940 Zip Country	28 Melbourne, FL 32940 Zip Country
24 Zip 25 USA	30 USA

3. Date Incorporated or Qualified 11/15/1983	4. FEI Number 16 59-2353093	Applied For <input type="checkbox"/> Not Applicable
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	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

LYNNE M. SONANDRES
1015 INVERNESS AVE.
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name Lynne Montgomery-Sonandres
82 Street Address (P.O. Box Number is Not Acceptable) 838 Ridge Lake Drive
83 Melbourne, FL 32940
84 City FL 85 Zip Code 32940

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		<input type="checkbox"/> DELETE
TITLE PT VP S	NAME SONANDRES, LYNNE M	<input type="checkbox"/>
STREET ADDRESS 1015 INVERNESS AVENUE	CITY-ST-ZIP MELBOURNE FL	
TITLE VPS	NAME DONALD C. SONANDRES	<input checked="" type="checkbox"/>
STREET ADDRESS 1015 INVERNESS AVE.	CITY-ST-ZIP MELBOURNE FL	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
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		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE P/V/T/S	1.2 NAME Sonandres, Lynne M	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS 838 Ridge Lake Drive	1.4 CITY-ST-ZIP Melbourne, FL 32940		
2.1 TITLE V/S	2.2 NAME Donald C. Sonandres	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS 1015 Inverness Ave	2.4 CITY-ST-ZIP Melbourne, FL 32940		
3.1 TITLE	3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP		
4.1 TITLE	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
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.

SIGNATURE: *Lynne Montgomery-Sonandres* **LYNNE MONTGOMERY-SONANDRES** April 1, 1998

CR2E034 (10/97)