PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H31955

1. Corporation Name

TOTAL EVENTS AND MEETINGS, INC

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90057 045 ***150.00

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Principal Place	of Business	Mailing Address				B41 B100 1110 1110 1110 1	HINI 01(1 01011 01	Q12 (
7380 SAND LAI		7380 SAND LAKE ROAD							
ORLANDO FL 32819 ORLANDO FL 32819						DO NOT WRI	ITE IN THIS	SPACE	
					3. Date Inco	rporated or Qualifed			
					11/29/1	1984			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Numb			<u> </u>	plied For
21		26			59-250	<u> 2422 </u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate	of Status Desired		\$8.75 A	
22		27						Fee Re	
City & State		City & State		•		Campaign Financing d Contribution	:	\$5.00 Added to	
23		Zip	Countr	~	_	oration owes the cur	vont vons Inte		U Fees
Zip	Country [25]	F	30	,	•	oration owes the cur Property Tax.	rent year into		□No
24	9. Name and Address of Curren		<u> </u>			d Address of New	Registered /		
	3. Name and Address of Content	t registored rigerit	8	1 Name					
LAN	DIS-HINSON, RITA		· _	2 2 14		Alak A	-61-1		
5401 ISLEWORTH C.C. DRIVE]8	82 Street Address (P.O. Box Number is Not Acceptable)]	
WIN	DERMERE FL 34786		8:	3					
			\			·		Tag 7:5 C	
			8	4 City			FL	85 Zip C	,ode
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the abo	ve-named co	orporation submits t	his statement for the	purpose of	changing its	registered
office or r	egistered agent, or both, in the State of mailiar with, and accept the obligat	of Florida. Such change was au	thorized b	v the corpor	ation's board of dire	ectors. I hereby acce	pt the appoir	itment as rec	gistered
	in faithful with, and accept the congain	10113 01, 00011011 001.0000, 11011							:
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: I	Positteed to	ent cionature rec	uired when reinstaling)		DATE		i
40		Contract of the contract of th	Logistered wa	erit aldı ternin i sed					
12	OFFICERS AN	D DIRECTORS	13.	ent signatura req		S/CHANGES TO OF			
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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 of 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

(00/14/VO)