

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 11:16

DOCUMENT # **H66239** (5)

1. Corporation Name
COMPLETE MEETING CONCEPTS, INC.

Principal Place of Business: **20 NORTH ORANGE AVENUE, SUITE 907-E ORLANDO FL 32801** 710
Mailing Address: **20 NORTH ORANGE AVENUE, SUITE 907-E ORLANDO FL 32801** 710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/15/1985**
3a. Date of Last Report: **07/05/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2551811	<input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. 710	27. Suite, Apt. #, etc. 710	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	29. Zip	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Country	30. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROTH, JOHN J., JR. 20 N. ORANGE AVE. SUITE 907-E 710 ORLANDO FL 32801		01. Name	
		02. Street Address (P.O. Box Number is Not Acceptable)	
		03.	
		04. City	FL 05. 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 _____ DATE _____
Signature typed or printed name of registered agent and the corporation. NOTE: Registered Agent signature required when resulting.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOREN, VIRGINIA G.	2. NAME	
STREET ADDRESS	530 EAST CENTRAL	3. STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	21. TITLE	
NAME	ROTH, JOHN J., JR.	22. NAME	
STREET ADDRESS	1120 LK WILLISARA CIRCLE	23. STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		31. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY ST ZIP		34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY ST ZIP		44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY ST ZIP		54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY ST ZIP		64. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), 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. But 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 applicable as an attachment with an address.

SIGNATURE: John Roth **JOHN ROTH** 7/18/95 407/425-8184
Signature typed or printed name of signing officer or director Date Officer's Phone #