

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

FILED
Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J01828 (9)
1. Corporation Name
FLORIDA INTERNATIONAL MEDICAL EXPOSITION, INC.



Principal Place of Business	Mailing Address
501 NORTH BENEVA ROAD 616 SARASOTA FL 34232 US	501 NORTH BENEVA ROAD UNIT #616 SARASOTA FL 34232-1314 US

3. Date Incorporated or Qualified 03/03/1986	3a. Date of Last Report 04/29/1986
4. FEI Number 59-2723617	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

MANDELL, BRAD S
501 NORTH BENEVA ROAD
UNIT #616
SARASOTA FL 34232

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MANDELL, SAUL	
STREET ADDRESS	501 NORTH BENEVA ROAD, #616	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MANDELL, TODD	
STREET ADDRESS	501 NORTH BENEVA ROAD, #616	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TDS	<input type="checkbox"/> DELETE
NAME	MANDELL, EVELYN	
STREET ADDRESS	501 NORTH BENEVA ROAD, #616	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MANDELL, BRAD	
STREET ADDRESS	501 NORTH BENEVA ROAD, #616	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	HOWARD, WENDY	
STREET ADDRESS	501 NORTH BENEVA ROAD, #616	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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:  TODD MANDELL 1/27/97 (941) 244-2554

CR2E034 (9/96)