

**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

**DOCUMENT # J12406 (1)**  
1. Corporation Name  
**FLORIDA INTERNATIONAL RESTAURANT & HOTEL EXPOSITION, INC.**



Principal Place of Business Mailing Address  
**601 NORTH BENEVA ROAD 501 NORHT BENEVA ROAD**  
**616 616**  
**SARASOTA FL 34232 SARASOTA FL 34232**  
**US US**

3. Date Incorporated or Qualified **05/01/1986** 3a. Date of Last Report **04/29/1996**  
4. FEI Number **59-2746630** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  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 Country 29 Zip Country 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
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)(c), 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 a(n) address.

SIGNATURE: *[Signature]* **TODD MANDELL** 1/21/97 (941) 261-2554

CR2E034 (9/96)