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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J73365

(5)

TRADE SHOW INTERNATIONAL, INC.

FILED Mar 04 1997 8:00am Secretary of State



Principal Place of Business Mailing Address										
900 EAST INDIANTO JUPITER FL 33477	WN ROAD	800 EAST INDIANTOWN ROAD SUITE 207 JUPITER FL 33477-5164 US								
					3. Date incorporated or Qualified 05/19/1987	3a. Date of Last Report 04/15/1996				
2. Principal Place c	of Business	2a. Mailing Address	,			4. FEI Number 59-2808703	<u> </u>		Applied For Not Applicable	
Suite, Apt #, etc)	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be	
Z(p 24	Country 25	Zip Country 29 30				This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
9.	Name and Address of Current I	Registered Agent				10. Name and Address of New Re	gistered .	Agent		
MASON,				81	Name					
900 E INDIANTOWN RD #207 JUPITER FL 33477				82	Street Addr	dress (P.O. Box Number is Not Acceptable)				
***************************************				83						
				84	City		FL	85 Zip	Code	
SIGNATURI 5	OFFICERS AND		E Registered	d Age	ont signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTO	PRS IN 12	
TITLE 1	1	DELETE	1.1 TI	TLE	1			☐ Change		
	(SON, WILLIAM J.		1.2 NA	AME						
	O E INDIANTOWN RD #207		1		ADDRESS					
	PITER FL	T DELETE			IT-ZIP			Change	Addition	
	ASON, SUSAN	TH NOTE IT	2.1 T/I 2.2 N/					change	L. AUUHIDRI	
	0 E INDIANTOWN RD #207				ADDRESS					
	PITER FL		- 6		S1-ZIP					
TILLE		DELETE	3 1 TI				-	Change	Addition	
NAME			32 N/		ADDRESS					
STREET ADDRESS CITY+ST-ZP					ADDRESS ST-ZIP					
TRUE		DELETE	4.1 TI		31-KIF			Change	Addition	
NAME			4. 2 N		1					
STREET ADDRESS			4.3 ST	TREET	ADDRESS					
CITY - ST - ZIP		I DALES	4.4 C)		T-ZIP			— a		
TITLE				5.1 TITLE				Change	Addition	
NAM: CIDELT MANAGES			5.2 N/		ADDRECT	•				
STREET ADDRESS Offy-ST-ZIP					ADDRESS					
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NAME			6.2 N							
STREET ADDRESS			63 ST	TREET	ADDRESS					
CHY-SI-7iP			6 4 CI	IY-S	T-ZIP					
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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 tarn 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 i changed, or on an attachment with an address.

SIGNATURE: