

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K64456** (2)

1. Corporation Name

BLLENHEIM EXPOSITIONS, INC.

Principal Place of Business

**1133 LOUISIANA AVE.
STE. 210
WINTER PARK FL 32789**

Mailing Address

**1133 LOUISIANA AVE.
STE. 210
WINTER PARK FL 32789**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/09/1989		3a. Date of Last Report 04/24/1995	
21		26		4. FEI Number 59-2937592		Applied For ☐ Not Applicable ☐	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

**HELYER, NICK
1133 LOUISIANA AVE.
STE. 210
WINTER PARK FL 32789**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HELYER, NICK	1.2 NAME	
STREET ADDRESS	4111 GABRIELLA LN	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	1.4 CITY - ST - ZIP	
TITLE	SV ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROWLEY, IAN	2.2 NAME	
STREET ADDRESS	1525 GRANVILLE DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	2.4 CITY - ST - ZIP	
TITLE	TV ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOWELL, BRIAN	3.2 NAME	
STREET ADDRESS	3396 BUFFUM PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CASSELBERRY FL	3.4 CITY - ST - ZIP	
TITLE	AT ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHWANINGER, WILLIAM	4.2 NAME	
STREET ADDRESS	FT. LEE EXECUTIVE PARK	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT LEE NJ	4.4 CITY - ST - ZIP	
TITLE	AS ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TERRANELLA, FRANK	5.2 NAME	
STREET ADDRESS	FT LEE EXECUTIVE PK	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT LEE NJ	5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 119.07(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; 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:

I. Rowley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96
Date

407-647-8521
Daytime Phone #

CR2E034 (12/95)