

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L98550** (1)

1. Corporation Name

ESSENTIAL MEETING SERVICES, INC.



Principal Place of Business

Mailing Address

3023 NE 183RD LANE
N. MIAMI BEACH FL 33160

3023 NE 183RD LANE
N. MIAMI BEACH FL 33160

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZALK, SALLY M
3023 NE 183RD DRIVE
NORTH MIAMI BEACH FL 33160

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 re-appointing)

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

Change Addition

NAME: D ZALK, SALLY
STREET ADDRESS: 3023 NE 183RD LANE
CITY - ST - ZIP: N. MIAMI BEACH FL

TITLE DELETE

Change Addition

NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE DELETE

Change Addition

NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE DELETE

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Change Addition

NAME:
STREET ADDRESS:
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sally M Zalk

2/8/96

305-930-4659

Daytime Phone #

CR2E034 (12/95)