

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 4:16

DOCUMENT # M09346 (1)
1. Corporation Name
COMMUNICATIONS & SHOW MANAGEMENT, INC.

Principal Place of Business Mailing Address
1450 NE 123RD ST 1450 NE 123RD ST
NORTH MIAMI FL 33161 NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2b		12/27/1984	04/07/1994
22 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		27 City & State		59-2477438-59-2477488	Not Applicable
24 Zip		28 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
30		31		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

SCHWARTZ, STANLEY J.
1450 N.E. 123RD STREET
NORTH MIAMI FL 33161

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 (not file if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, STANLEY J.	1.2 NAME	
STREET ADDRESS	1450 N.E. 123RD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KEIGHLEY, MICHAEL J.	2.2 NAME	
STREET ADDRESS	1450 N.E. 123RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SDT	3.1 TITLE	☐ Change ☐ Addition
NAME	KATZ, HARDY C.	3.2 NAME	
STREET ADDRESS	1450 N.E. 123RD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MELTZER, JOEL S.	4.2 NAME	
STREET ADDRESS	2500 S. DIXIE HIGHWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GOODMAN, SHEILA	5.2 NAME	
STREET ADDRESS	2500 S. DIXIE HIGHWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		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)(b), 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 in Block 12 or Block 13 if applicable, or on an attachment with this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-1995 893-8774