FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

AMENDED FILED
95 APR 14 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M54863** **(9)**

1. Corporation Name
MEETING MANAGEMENT INSTITUTE, INC.

Principal Place of Business	Mailing Address
% P. DEANNE STRAHAN 1990 EAST VIRTS COURT HERNANDO FL 34442 US	% P. DEANNE STRAHAN 1990 EAST VIRTS COURT HERNANDO FL 34442 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1987
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business	2a. Mailing Address
21 1223 Oxbow Lane	26 1223 Oxbow Lane
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Winter Springs	28 City & State: Winter Springs
24 Zip: 32708 25 Country: Seminole	29 Zip: 32708 30 Country: Seminole

4. FEI Number: 59-2819364 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STRAHAN, P. D CMP 1990 EAST VIRTS COURT HERNANDO FL 34442	81 Name: P. D. Strahan, CMP 82 Street Address (P.O. Box Number is Not Acceptable): 1223 Oxbow Lane 83 84 City: Winter Springs, FL 85 Zip Code: 32708

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: P. D. Strahan — P. D. Strahan — 4-3-95
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	DC	1.1 TITLE		☐ Change ☐ Addition
NAME	BLACKWELL, FREDERICK L.	1.2 NAME		
STREET ADDRESS	990 N.E. 99TH STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE		XDC ☐ Change ☐ Addition
NAME	STRAHAN, P. DEANNE	2.2 NAME		
STREET ADDRESS	1990 EAST VIRTS COURT	2.3 STREET ADDRESS	1223 Oxbox Lane	
CITY-ST-ZIP	HERNANDO FL	2.4 CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	DS	3.1 TITLE		☐ Change ☐ Addition
NAME	BLACKWELL, DONALD A.	3.2 NAME		
STREET ADDRESS	9441 SW 147TH STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 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 added on an attachment with an address.

SIGNATURE: P. D. Strahan President, P. D. Strahan 4-3-95 (407) 366-9855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

COR 103 CP