

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 # **M54863** (9)

1. Corporation Name

**MEETING MANAGEMENT INSTITUTE, INC.**



Principal Place of Business

**1223 OXBOW LANE  
1900 EAST VIRTIS COURT  
WINTER SPRINGS FL 32708-32708  
US**

Mailing Address

**1223 OXBOW LANE  
1900 EAST VIRTIS COURT  
WINTER SPRINGS FL 32708  
US**

3. Date Incorporated or Qualified  
**07/01/1987**

3a. Date of Last Report  
**04/14/1995**

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

2. Principal Place of Business

21 **1223 OXBOW LANE**

Suite, Apt. #, etc.

22 City & State  
**Winter Springs FL**

23 Zip **32708** Country **US**

2a. Mailing Address

26 **1223 OXBOW LANE**

Suite, Apt. #, etc.

27 City & State  
**Winter Springs, FL**

28 Zip **32708** Country **US**

9. Name and Address of Current Registered Agent

**STRAHAN, P. D CMP  
1223 OXBOW LANE  
WINTER SPRING FL 32708**

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC**  
NAME **BLACKWELL, FREDERICK L.**  
STREET ADDRESS **990 N.E. 99TH STREET**  
CITY-ST-ZIP **MIAMI SHORES FL**

☐ DELETE

TITLE **DP**  
NAME **STRAHAN, P. DEANNE**  
STREET ADDRESS **1223 OXBOW LANE**  
CITY-ST-ZIP **WINTER SPRINGS FL**

☐ DELETE

TITLE **DS**  
NAME **BLACKWELL, DONALD A.**  
STREET ADDRESS **9441 SW 147TH STREET**  
CITY-ST-ZIP **MIAMI FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

**P. Deanne Strahan, President**

**4-23-96 (407) 366-9855**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**P. Deanne Strahan**

CR2E034 (12/95)