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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 JUL -6 AM 9:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # M71943 AMENDED					
1. Corporation Name A Wedding Showcase, Inc.					
Principal Place of Business 5235 W Broward Blvd Plantation, FL 33317		Mailing Address Same		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21 5235 W Broward Blvd Suite, Apt. #, etc. 22 City & State 23 Plantation, FL Zip 24 33317		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Broward		3. Date Incorporated or Qualified 03/15/88 4. FEI Number 65-0034983 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent Damon Hyde 8241 NW 9th Court Plantation, FL 33324				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 <i>Pamela Hyde</i> (NOTE: Registered Agent signature required when re-registering)				Pamela Hyde, Pres & owner	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP <input checked="" type="checkbox"/> DELETE NAME Hyde, Damon STREET ADDRESS 8241 NW 9th Court CITY-ST-ZIP Plantation, FL 33324				11 TITLE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12 NAME GEORGE F. CONN 13 STREET ADDRESS 8241 NW 9TH COURT 14 CITY-ST-ZIP PLANTATION, FL 33324	
TITLE DTS <input type="checkbox"/> DELETE NAME Hyde, Pamela STREET ADDRESS 8241 NW 9th Court CITY-ST-ZIP Plantation, FL 33324				21 TITLE ALYCE M. CONN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 22 NAME DIRECTOR 23 STREET ADDRESS 8241 NW 9TH COURT 24 CITY-ST-ZIP PLANTATION, FL 33324	
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14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Pamela Hyde* 6-16-99 954-474-9656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)