

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

61.25

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.				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/15/88			
2. Principal Place of Business 5235 W Broward Blvd		2a. Mailing Address Same		4. FEI Number 65-0034983		Applied For Not Applicable	
21. Suite, Apt. #, etc. 22. City & State Plantation, FL		26. Suite, Apt. #, etc. 27. City & State Plantation, FL		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	
24. Zip 33317		25. Country Broward		29. Zip 33317		30. Country Broward	
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 PAMELA HYDE 82. Street Address (P.O. Box Number is Not Acceptable) 8241 NW 9TH COURT 83. 84. City PLANTATION			
85. Zip Code FL 33324				8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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>[Signature]</i> (NOTE: Registered Agent signature required when re-registering) Pamela Hyde <i>[Signature]</i> Plus 4 owners							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE DP		<input checked="" type="checkbox"/> DELETE		11. TITLE VICE PRESIDENT		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME Hyde, Damon				12. NAME GEORGE F. CONN			
STREET ADDRESS 8241 NW 9th Court				13. STREET ADDRESS 8241 NW 9TH COURT			
CITY-ST-ZIP Plantation, FL 33324				14. CITY-ST-ZIP PLANTATION, FL 33324			
TITLE DTS		<input type="checkbox"/> DELETE		21. TITLE ALYCE M. CONN		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME Hyde, Pamela				22. NAME DIRECTOR			
STREET ADDRESS 8241 NW 9th Court				23. STREET ADDRESS 8241 NW 9TH COURT			
CITY-ST-ZIP Plantation, FL 33324				24. CITY-ST-ZIP PLANTATION, FL 33324			
TITLE (Empty)		<input type="checkbox"/> DELETE		31. TITLE (Empty)		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME (Empty)				32. NAME (Empty)			
STREET ADDRESS (Empty)				33. STREET ADDRESS 900002932029--9			
CITY-ST-ZIP (Empty)				34. CITY-ST-ZIP -07/15/99--01039--007			
TITLE (Empty)		<input type="checkbox"/> DELETE		41. TITLE (Empty)		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME (Empty)				42. NAME (Empty)			
STREET ADDRESS (Empty)				43. STREET ADDRESS (Empty)			
CITY-ST-ZIP (Empty)				44. CITY-ST-ZIP (Empty)			
TITLE (Empty)		<input type="checkbox"/> DELETE		51. TITLE (Empty)		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME (Empty)				52. NAME (Empty)			
STREET ADDRESS (Empty)				53. STREET ADDRESS (Empty)			
CITY-ST-ZIP (Empty)				54. CITY-ST-ZIP (Empty)			
TITLE (Empty)		<input type="checkbox"/> DELETE		61. TITLE (Empty)		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME (Empty)				62. NAME (Empty)			
STREET ADDRESS (Empty)				63. STREET ADDRESS (Empty)			
CITY-ST-ZIP (Empty)				64. CITY-ST-ZIP (Empty)			

CR2E034 (11/98)

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** *[Signature]* **6-16-99** **954-474-9656**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #