

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N31219</b> (1) 1. Corporation Name <b>MEETING PROFESSIONALS INTERNATIONAL - SOUTH FLORIDA CHAPTER, INC.</b>			
Principal Place of Business		Mailing Address	
7050 W 2ND LANE MIAMI FL 33014-5314 US		7050 W 2ND LANE MIAMI FL 33014-5314 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
25		30	
9. Name and Address of Current Registered Agent  <b>LELCHUK, RICHARD H</b> <b>5420 NW 163 ST</b> <b>MIAMI FL 33014</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE <i>Richard Lelchuk</i> <i>R.H. Lelchuk</i> <i>3/19/98</i> 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 <b>T</b> <input type="checkbox"/> DELETE NAME <b>LELCHUK, RICHARD H</b> STREET ADDRESS <b>5240 NW 163 ST</b> CITY-ST-ZIP <b>MIAMI FL</b>		1.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>Joanne Berens</b> 1.3 STREET ADDRESS <b>9701 Collins Avenue</b> 1.4 CITY-ST-ZIP <b>Bal Harbour, FL 33154</b>	
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>REILLY, PATRICIA</b> STREET ADDRESS <b>1700 S. OCEAN LN.</b> CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		2.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>Susan "Susie" Cornette</b> 2.3 STREET ADDRESS <b>3600 NW 82nd Avenue</b> 2.4 CITY-ST-ZIP <b>Miami, FL 33166</b>	
TITLE <b>S</b> <input type="checkbox"/> DELETE NAME <b>THOMPSON, MICHELE</b> STREET ADDRESS <b>9030 HOLIDAY DRIVE</b> CITY-ST-ZIP <b>FORT LAUDERDALE FL</b>		3.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>Michele Thompson</b> 3.3 STREET ADDRESS <b>801 Seabreeze Boulevard</b> 3.4 CITY-ST-ZIP <b>Ft. Lauderdale, FL 33316</b>	
TITLE <b>P</b> <input type="checkbox"/> DELETE NAME <b>LARKIN, ELLEN</b> STREET ADDRESS <b>5240 NW 163RD ST.</b> CITY-ST-ZIP <b>MIAMI FL</b>		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE NAME <b>BOOROM, RAMY</b> STREET ADDRESS <b>200 E LAS OLAS BLVD, #1500</b> CITY-ST-ZIP <b>FT LAUDERDALE FL</b>		5.1 TITLE <b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME <b>David Gleim</b> 5.3 STREET ADDRESS <b>2501 Davie Road, #210</b> 5.4 CITY-ST-ZIP <b>Ft. Lauderdale, FL 33317</b>	
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>Jeffrey Gold</b> STREET ADDRESS <b>3650 Coral Ridge Drive, #102</b> CITY-ST-ZIP <b>Coral Springs, FL 33065</b>		6.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME <b>Teri Valls, CMP</b> 6.3 STREET ADDRESS <b>1550 South Dixie Highway, #214</b> 6.4 CITY-ST-ZIP <b>Miami, FL 33146</b>	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard Lelchuk* *R.H. Lelchuk* *3/19/98* *305/1-20-4242*

CR2E037 (10/97)