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FILED
Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P28839 (9)
1. Corporation Name
SOUTHERN EXPOSITION MANAGEMENT COMPANY

Principal Place of Business
1130 HIGHTOWER TRAIL
ATLANTA GA 30350

Mailing Address
1130 HIGHTOWER TRAIL
ATLANTA GA 30350-2810



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/04/1990	3a. Date of Last Report 02/22/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-0907180	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CONRAD, EDWARD C.
1700 SE 9TH STREET
FT LAUDERDALE FL 33318

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
FL

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	CONRAD, EDWARD C.	12 NAME	
STREET ADDRESS	1700 SE 9TH STREET	13 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	14 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	
NAME	CLEMENTS, PENELOPE A.	2.2 NAME	SD
STREET ADDRESS	820 PONCE DE LEON	2.3 STREET ADDRESS	416 WILLIAMS STREET
CITY - ST - ZIP	FT LAUDERDALE FL	2.4 CITY - ST - ZIP	TALLAHASSEE, FL 32303
TITLE		3.1 TITLE	CFO
NAME	HESS, SHERYL	3.2 NAME	
STREET ADDRESS	1130 HIGHTOWER TRAIL	3.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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.

SIGNATURE:

[Signature] as Treasurer/CFO

Date

Daytime Phone #

(770) 998-9800

CR2E034 (9/96)