

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P29921** (4)

1. Corporate Name

PARRAMOUNT TRADESHOW GROUP, INC.

95 APR 1 11:12:44

RECEIVED IN STATE
WELFARE DEPT FLORIDA

Principal Place of Business

Mailing Address

5026 HARDING PLACE
NASHVILLE TN 37211

5026 HARDING PLACE
NASHVILLE TN 37211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/26/1990** 3a. Date of Last Report **03/22/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

62-1365924

Not Applicable

State, Apt #, etc

State, Apt #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. Has corporation been held liable for a judgment for which it was held liable under Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRUENBAUM, DOUG
1271 LAQUINTA
ORLANDO FL 32809**

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 607.0902 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 General Agent and accept the obligations of Section 607.0903, Florida Statutes.

SIGNATURE

(Print or Type Name of Registered Agent if Not Applicable)

(Print Registered Agent's Name if Registered with the State)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12-1	S	BOONE, MICHAEL B 3805 VALLEY RIDGE DR. NASHVILLE TN
12-2	P	PARRIS, PAMELA R. 147 COLEMAN CT. ANTIOCH TN
12-3		
12-4		
12-5		
12-6		
12-7		
12-8		
12-9		

13-1	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13-2	SECRETARY PARRIS, PAMELA R. 3619 ST. MORITZ ST. ORLANDO FL 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13-3		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-4		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-5		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-6		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-7		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-8		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-9		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0902, Florida Statutes. I further certify that the information included 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 reason of inclusion is stated in the report as prepared 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: *Pamela Parris* **PAMELA PARRIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-95 407-856-0410