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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000020971 (6)

VOLKERT MEETING PLANNERS, INC.

FILED Mar 20 1998 8:00am Secretary of State

YOUNG	المامالة الآل	ind Flankins, ir	10.								
Principal Place of Business			Mailing Address								ODBE HOLI IDDI
3261 CROSS CREEK DR. SARASOTA FL 34231 US			3261 CROSS CREEK DR. SARASOTA FL 34231 US				DO NOT WRITE IN THIS	SPACE			
									3. Date Incorporated or Qualified 03/22/1993		
2. Principal F	Place of Busin	ness	2a. Mailing Address						4. FEI Number		Applied For
21			26						65-0402207		Not Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional Required
City & Stal	te			City & State					6. Election Campaign Financing		0 May Be
23			28						Trust Fund Contribution		d to Fees
Zip	Zip Country			Zip Countr					8. This corporation owes or has paid the cur	******************	
24	25		29	29 30							□ No
	9. Name	and Address of Curren	t Registe	red Agent		\Box			10. Name and Address of New Registered	Agent	
VO	LKERT, CH	ARLES A				81	Name)			
75			82	Street	Addre	ss (P.O. Box Number is Not Acceptable)					
אט	rasota fi	1 34230									
						84	City		FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida						bove d by	e-named the co	d corpo rporatio	oration submits this statement for the purpose of	f changing	its registered is registered
SIGNATURE											1
SIGNATORE	Signature, lyped	or printed name of registered ager	il and little if a	npl.cable (NOT	E: Registere	d Age	nt aignatui	re required	d when reinstating) DATE		
12.		OFFICERS AND	DIRECT		13.				ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PS			DELETE	1.1 TI	TLE		1		Change	Addition
NAME		T, MARY ALICE			1.2 N	AME					
STREET ADDRESS		ROSS CREEK DRIVE			1.3 \$1	TAEET	address				
CITY-ST-ZIP	SARASC	DTA FL				TY-S	T-ZIP			·	
TITLE	VP.			□ DELETE	2.1 Ti					☐ Change	Addition [
NAME		T, CHARLES A. III			2.2 N						
STREET ADDRESS		LLE FACIL					ADDRESS				l
CITY-ST-ZIP	SARASC	IA FL		DELETE	_		T-ZIP	 		T 05	The Address
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NAME					5.2 NA						
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					5.4 CI						
TITLE				DELETE	6.1 TI			1		☐ Change	Addition
NAME					6.2 NA					•	
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP	_				6.4 Cf						

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 attaching ht with an apturess.

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