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Mar 20 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 # P93000029912 (1)

1. Corporation Name

WEST PALM BEACH EXPOS, INC.

Principal Place of Business

MUNICIPAL STADIUM  
715 HANK AARON DR.  
W. PALM BCH. FL 33401

Mailing Address

P.O. BOX 3566  
W. PALM BCH. FL 33402-3566



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/21/1993

3a. Date of Last Report

06/18/1996

4. FEI Number

65-0472934

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

RABENECKER, ROBERT E., JR.  
715 HANK AARON DR.  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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 607.0502 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 type: ink printed name, stamp, or digital signature if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

PD  
BROCHU, CLAUDE R  
3445 REDPATH ST.  
MONTREAL QC H3G2G-7  
VD  
STONEMAN, WILLIAM H  
17 WILLOW P.O. BOX 386  
HUDSON QC JOP1H-0  
VD  
RABENECKER, ROBERT E  
3726 SAVOY LANE  
W. PALM BCH. FL 33417  
TS  
CARPENTIER, LAURIER M  
476 JUBILEE CRESCENT  
BEAONSFIELD QC H9W5L-2

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97

Date

Daytime Phone #

CR2E034 (9/96)