


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

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90061 014 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P93000036013**

1. Corporation Name  
**PREMIER CONVENTION SERVICES, INC.**

Principal Place of Business <b>1001 WINDLAND RD SUITE 100 ORLANDO FL 32811 USA</b>	Mailing Address <b>1001 WINDLAND RD SUITE 100 ORLANDO FL 32811 USA</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1781 Park Center Dr. Suite, Apt. #, etc.		2a. Mailing Address 26 1781 Park Center Dr. Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>05/19/1993</b>	
22 City & State 23 Orlando, FL		27 City & State 28 Orlando, FL		4. FEI Number <b>59-3189732</b>	
24 32835 25 USA		29 32835 30 USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 Orlando, FL		28 Orlando, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 32835 25 USA		29 32835 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		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, 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	D MAJORS, KENNETH B <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President & Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAJORS, KENNETH B	1.2 NAME	L. Steven Miller
STREET ADDRESS	5500 W LAKE BUTLER RD	1.3 STREET ADDRESS	1781 Park Center Drive
CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	D MAJORS, CARON L <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer & Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAJORS, CARON L	2.2 NAME	Richard Goodman
STREET ADDRESS	5500 W LAKE BUTLER RD	2.3 STREET ADDRESS	1781 Park Center Drive
CITY-ST-ZIP	WINDERMERE FL	2.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	D LAXSON, HAZEL J <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary & Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAXSON, HAZEL J	3.2 NAME	Thomas A. Bell
STREET ADDRESS	2213 WHALER WAY	3.3 STREET ADDRESS	1781 Park Center Drive
CITY-ST-ZIP	WINDERMERE FL 34786	3.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 attachment with an address, with all other like empowered.

SIGNATURE:

*Thomas A. Bell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Bell 3/24/99 (407) 532-1000

Date

Daytime Phone #

CR2E034 (1/1/98)

0097917