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 # P93000058251 (8)

1. Corporation Name

CENTRAL FLORIDA DISPLAY & EXHIBITS, INC.

Principal Place of Business	Mailing Address
440 W GRANT ST SUITE C ORLANDO FL 32806 US	440 W GRANT ST SUITE C1 ORLANDO FL 32806 US

2. Principal Place of Business
21 | 440 W. GRANT ST.
22 | Suite, Apt. #, etc
23 | City & State | ORLANDO, FL.
24 | Zip | 32806 | 25 | Country

2a. Mailing Address
26 | 440 W. GRANT ST.
27 | Suite, Apt. #, etc.
28 | City & State | ORLANDO, FL.
29 | Zip | 32806 | 30 | Country

3. Date Incorporated or Qualified
08/19/1993

4. FEI Number 59-3197780 | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent

HUMPHRIES, J. GREGORY
201 E. PINE ST.
SUITE 701
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 | Name | GREGORY J. HUMPHRIES
82 | Street Address (P.O. Box Number is Not Acceptable) | 20 N. ORANGE AVE.
83 | SUITE 1000
84 | City | ORLANDO | FL | 85 | Zip Code | 32801

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	PD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	CHAPMAN, ANTHONY C		1.2 NAME			
STREET ADDRESS	440 W GRANT ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP			
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	CHAPMAN SCOTT		2.2 NAME			
STREET ADDRESS	440 W GRANT ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E034 (10/97)

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.