

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:44

DOCUMENT # P93000081520 (7)

1. Corporation Name

EXPO MANAGEMENT, INC.

Principal Place of Business

PO BOX 273867
TAMPA FL 33688

Mailing Address

PO BOX 273867
TAMPA FL 33688

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/29/1993

3a. Date of Last Report

06/17/1994

2. Principal Place of Business

21 600 Biltmore Way

Suite, Apt. #, etc.

22 Suite 1216

City & State

23 Coral Gables, FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 600 Biltmore Way

Suite, Apt. #, etc.

27 Suite 1216

City & State

28 Coral Gables, FL

Zip

29 33134

Country

30 USA

4. FEI Number

59-3217104

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

**KUTLER, JANE B
3603 PRUNUS PLACE
TAMPA FL 33618**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

600 Biltmore Way, Suite 1216

83

84

Coral Gables,

FL

85

**Zip Code
33134**

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 the if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **KUTLER, JANE B**
STREET ADDRESS **3603 PRUNUS PLACE**
CITY-ST-ZIP **TAMPA FL 33618**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **600 Biltmore Way, Suite 1216**
1.4 CITY-ST-ZIP **Coral Gables, FL 33134**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS **James Curran**
2.4 CITY-ST-ZIP **1224 Cypress Pointe, E.
Winter Haven, FL 33884**

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jane B. Kutler / JANE B. KUTLER **4/2/95** **305-448-5397**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR