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FILED

May 05 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 # P93000086792 (7)

1. Corporation Name  
SHOWPLACE, INC.

Principal Place of Business

1225 BENNETT RD.  
SUITE 100  
LONGWOOD FL 32750

Mailing Address

1225 BENNETT RD.  
SUITE 100  
LONGWOOD FL 32750-7818



2. Principal Place of Business

21 750 Florida Central Pkwy

Suite, Apt. #, etc.  
Suite 100

City & State  
Longwood FL

Zip  
32750

Country  
Seminole

2a. Mailing Address

26 750 Florida Central Pkwy

Suite, Apt. #, etc.  
Suite 100

City & State  
Longwood FL

Zip  
32750

Country  
Seminole

3. Date Incorporated or Qualified

12/17/1993

3a. Date of Last Report

01/25/1996

4. FEI Number

59-3222611

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

SHIPLEY, GUY  
1225 BENNETT RD.  
SUITE 100  
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81

Name

Shipley, Guy

82

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

750 Florida Central Pkwy

83

Suite

Suite 100

84

City

Longwood

FL

85

Zip Code

32750

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

TITLE DP  
NAME SHIPLEY, GUY  
STREET ADDRESS 1225 BENNETT RD., SUITE 100  
CITY - ST - ZIP LONGWOOD FL 32750

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

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

Date

Daytime Phone #

0086118

CR2E034 (9/96)