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97 JUL 11 PM 12:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000000367

1. Corporation Name

FAIR Concept Exhibitions USA, Inc.

Principal Place of Business

Mailing Address

5033 Rio Vista Av. W
Tampa, FL 33634

Same

3. Date Incorporated or Qualified

3a. Date of Last Report

1/1/95

9/11/99

2. Principal Place of Business

2b. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Norman Myers
5033 Rio Vista Av. W
Tampa, FL 33634

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 607.1506, 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 held if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President, Pres., Sec.	☐ DELETE
NAME	Norman G. Myers	
STREET ADDRESS	4407 W San Miguel St	
CITY-ST-ZIP	Tampa FL 33629	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110 (2)(b), 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, checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman Myers

AO

CR2E034 (9/96)