

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000008443 (0)**

1. Corporation Name

NATIONAL CONVENTION CORPORATION OF FLORIDA INC.



Principal Place of Business

1912 A LEE RD
ORLANDO FL 32810

Mailing Address

1912 A LEE RD
ORLANDO FL 32810

3. Date Incorporated or Qualified
01/27/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

4. FEI Number

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

10. Name and Address of New Registered Agent

**SPECK, MICHAEL
1912 A LEE RD
ORLANDO FL 32810**

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 of applicant

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D /Treasurer** DELETE
NAME: **SPECK, MICHAEL**
STREET ADDRESS: **1912 A LEE RD**
CITY-STATE-ZIP: **ORLANDO FL 32810**

1.1 TITLE: Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE: **President** DELETE
NAME: **Robert J. Proctor**
STREET ADDRESS: **1912 A Lee Road**
CITY-STATE-ZIP: **Orlando, FL 32810**

2.1 TITLE: Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE: **Vice President** DELETE
NAME: **Alan P. Hall**
STREET ADDRESS: **1912A Lee Road**
CITY-STATE-ZIP: **Orlando, FL 32810**

3.1 TITLE: Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE: **Secretary** DELETE
NAME: **Dyke E. Shannon**
STREET ADDRESS: **1912 A Lee Road**
CITY-STATE-ZIP: **Orlando, FL 32810**

4.1 TITLE: Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE: DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE: Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE: DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE: Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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: *Michael Speck*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
I, Michael Speck, Treasurer

3/8/96 (407) 295-2631
Date Daytime Phone #

CR2E034 (12/95)
13-25-1996