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 # P95000011350

1. Corporation Name

SPECIAL EVENTS CONSULTANTS, INC.

Principal Place of Business
31214 Cove Road
Tavares, Florida 32778

Mailing Address
31214 Cove Road
Tavares, Florida 32778

3. Date Incorporated or Qualified: 2/9/95

3a. Date of Last Report: N/A

2. Principal Place of Business
21 33323 Coventry Dr.
Suite, Apt. #, etc. 22
23 City & State: Leesburg, FL
24 Zip: 34788 25 Country: Lake

2a. Mailing Address
26 33323 Coventry Dr.
Suite, Apt. #, etc. 27
28 City & State: Leesburg, FL
29 Zip: 34788 30 Country: Lake

4. FEI Number: 59-3294033 — 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

Fuller, Barbara
31214 Cove Road
Tavares, Florida 32778

10. Name and Address of New Registered Agent

B1 Name: Same
B2 Street Address (P.O. Box Number is Not Acceptable): 33323 Coventry Drive
B3
B4 City: Leesburg FL B5 Zip Code: 34788

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: Barbara Fuller
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D/P/S/T	☐ DELETE
NAME	Fuller, Barbara	
STREET ADDRESS	31214 Cove Road	
CITY-ST-ZIP	Tavares, FL 32778	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	33323 Coventry Drive	
1.4 CITY-ST-ZIP	Leesburg, FL 34788	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	700001873897	☐ Change ☐ Addition
6.2 NAME	-06/24/96--01058--038	
6.3 STREET ADDRESS	***225.00	
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: Barbara Fuller Barbara Fuller, President ~~(904)353-4500~~ (352) 787-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #