

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Corporate Matters
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: **33323 Coventry Dr.**
2a. Mailing Address: **33323 Coventry Dr.**
4. FEI Number: **59-3294033**
21. City & State: **Leesburg, FL**
22. Zip: **34788**
23. Country: **Lake**
24. City & State: **Leesburg, FL**
25. Zip: **34788**
26. Country: **Lake**
27. City & State: **Leesburg, FL**
28. Zip: **34788**
29. Country: **Lake**
30. City & State: **Leesburg, FL**
31. Zip: **34788**
32. Country: **Lake**

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

Fuller, Barbara
31214 Cove Road
Tavares, Florida 32778

B1 Name: **Jame**
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 signature required when transferring) DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D/P/S/T	<input type="checkbox"/> DELETE
NAME	Fuller, Barbara	
STREET ADDRESS	31214 Cove Road	
CITY-ST-ZIP	Tavares, FL 32778	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	33323 Coventry Drive
1.4 CITY-ST-ZIP	Leesburg, FL 34788
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	700001873897
6.3 STREET ADDRESS	-06/24/96--01058--038
6.4 CITY-ST-ZIP	***225.00

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 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 in an attachment with an address.

SIGNATURE: Barbara Fuller **Barbara Fuller, President (904)353-4500**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #