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Apr 03 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 # P95000061046 (5)

1. Corporation Name

EVENT PLANNERS, INC.

Principal Place of Business

6802 W. HILLSBOROUGH AVENUE
SUITE 12
TAMPA FL 33634

Mailing Address

6802 W. HILLSBOROUGH AVENUE
SUITE 12
TAMPA FL 33634-5004



3. Date Incorporated or Qualified

08/08/1995

3a. Date of Last Report

04/16/1996

2. Principal Place of Business

21 same

2a. Mailing Address

26 same

4. FEI Number

59-3329668

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

REILLY, MARY A
10231 VALLE DR
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name

MARY ANNE REILLY

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

10231 VALLE DR.

83

84 City

TAMPA

FL

85 Zip Code

33612

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

Maryanne Reilly

Signature typed or printed name of registered agent and true if applicable

NOTE: Registered Agent signature required when rehashing

DATE

3/28/97

12. OFFICERS AND DIRECTORS

1.1 TITLE

D

☐ DELETE

NAME

REILLY, MARY A

STREET ADDRESS

6802 W. HILLSBOROUGH ROAD, SUITE 12

CITY - ST - ZIP

TAMPA FL 33634

1.2 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.3 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.4 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.5 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.6 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.7 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

1.4 CITY - ST - ZIP

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

☐ Change

☐ Addition

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, changed, or on an attachment with an address.

SIGNATURE:

Maryanne Reilly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/97

Date

813/881-9606

Daytime Phone #

CR2E034 (9/96)