

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000080486 (0)**

1. Corporation Name  
**ALLEN CONFERENCES, INCORPORATED**



Principal Place of Business: **585 NO. NOVA ROAD STE 209 ORMOND BEACH FL 32174**  
Mailing Address: **585 NO. NOVA ROAD STE 209 ORMOND BEACH FL 32174**

3. Date Incorporated or Qualified: **10/16/1995**  
3a. Date of Last Report

2. Principal Place of Business  
21. Suite Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
26. Mailing Address  
27. Suite Apt. #, etc.  
28. City & State  
29. Zip  
30. Country

4. FEI Number: **59-334 4941**  
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  
**BERTRAND, JAMES O  
385 COQUINA AVENUE  
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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: *James O Bertrand*  
Typed or printed name of registered agent and title: **James O Bertrand**

DATE: **4/27/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>JAMES O BERTRAND</b> DELETE
NAME	<b>President</b>
STREET ADDRESS	<b>385 COQUINA AVE</b>
CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>
TITLE	<b>CAROL K BERTRAND</b> DELETE
NAME	<b>Secretary</b>
STREET ADDRESS	<b>385 COQUINA AVE</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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: *James O Bertrand*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President  
DATE: **4/27/96**  
904 673 4925

CR2E034 (12/95)