

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 NAME STREET ADDRESS CITY-ST-ZIP
1. **JAMES O BERTRAND** President **385 COQUINA AVE ORMOND BEACH, FL 32174**
2. **CAROL K BERTRAND** Secretary **385 COQUINA AVE ORMOND BEACH FL 32174**
3. DELETE
4. DELETE
5. DELETE
6. DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE Change Addition
2. NAME Change Addition
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE Change Addition
6. NAME Change Addition
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE Change Addition
10. NAME Change Addition
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE Change Addition
14. NAME Change Addition
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE Change Addition
18. NAME Change Addition
19. STREET ADDRESS
20. CITY-ST-ZIP

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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* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (12/95)