FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sporetary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000052873 (2)

EXECUPLAN MEETINGS AND EVENTS, INC.

Principal Place of Business Mailing Address								L OCIDA DAND HEDEL AD	ille s arbos)	
2785 WINDHAM CT DELRAY BEACH FL 33445 2785 WINDHAM CT DELRAY BEACH FL 33445-71			-7110								
							 Date Incorporated or Qualified 06/17/1996 	3a. Date of I	ast Re	port	
	Place of Business	2a, Ma	iling Address				4, FEI Number		Apr	plied For	
21		26					65.0679080			Applicable	
Suite, Apt.	. #, etc.	<u>├</u>	Suite, Apt. #, etc.				5. Certificate of Status Desired		. 75 A ee Red	dditional	
22 City & Stat	le .	27 Cits	City & State							<u> </u>	
23		_ 	28				Election Campaign Financing Trust Fund Contribution		oded to	May Be	
Zip	Country	Zip	· · · · · · · · · · · · · · · · · · ·	Cou	intry		8. This corporation has liability for				
24	25	29		30			Florida Statutes	Yes No	001 0.	100,001	
	g, Name and Address of Curre	nt Registere	d Agent				10. Name and Address of New Re	gistered Agent			
. RID	DLE, JOHN F				B1	Name					
2765 WINDHAM CT					82	Street Add	reet Address (P.O. Box Number is Not Acceptable)				
' DEI	LRAY BEACH FL 33445										
					83						
	A				84	City		FL 85	Zip C	lodė	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to office or registered agent, or both, in the State of Florida. Such change was authorities and the state of Florida.						-named corr	poration submits this statement for the p	1	ning ite	registered	
office or	registered agent, or both, in the State am familiar with, and accept the obtig	of Florida. S	Such change was a	authorized	d by	the corporal	lion's board of directors. I hereby accep	t the appointme	int as r	egistered	
1 -	am ramiliar with, and accept the oblig	ations of, se	CHOR 607,0505, FIC	mua stat	uies	•				j	
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if app	plicable. (NOT	E Registered	d A gei	nt signature requi	red when reinstaling)	DATE			
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFIC		· · · · · · · · · · · · · · · · · · ·		
TITLE	PRESIDENT/DIRECT	TOR	DELETE	1.1 70	ILE			☐ Ch	ange	Addition	
NAME	JOHN F. RIDDLE			1.2 NA	AME						
STREET ADDRESS	2765 WINDHAM COUR	т .		1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	DOLRAY BEACH FI	3340	45	14 CI		I - ZIP					
TITLE	SECRETARY/TREASU	ruk	∐ DELE1E	21 111				[] Ch	ange	Addition	
NAME	MARJORIE R. RIDDL			2 2 N/	AME						
STREET ADDRESS	8765 WINDHAM COU	RY				ADDRESS	•				
CITY-ST-ZIP	DOLRAY BUACH, FL	33003	Deire	2 4 C		T-ZIP		Ch		I Addition	
TITLE			☐ DELETE	3.1 1/3				L	ange	[Modified	
NAME				3.2 NA		1000000					
STREET ADDRESS	:			1		ADDRESS				ľ	
CITY-ST-ZIP TITLE			DELETE	3.4. CI 4.1 70		-1-ZIP		☐ Ch	ange	Addition	
NAME			tad best va	4.2 N					ango	71007(1011	
STREET ADDRESS	ļ					ADDRESS				ļ	
CITY-ST-ZIP				4.4 CI		- 1					
TITLE			DELETE	5.1 TII		. E1/		Ch	ange	☐ Addition	
NAME				5.2 NA					-		
STREET ADDRESS						ADDRESS				-	
CITY-ST-ZIP	ĺ			5.4 Ci		ì				Ì	
TITLE			DELETE	6.1 Tri		"		L Ch	ange	Addition	

6.2 NAME

6.3 STREET ADDRESS

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 trusted 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

Jun 11 1997 8:00am

Secretary of State