

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90049 029 \*\*\*150.00

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1. Corporation Name

HERBST EXHIBIT DESIGN AND MANAGEMENT, INC.

Principal Place of Business

2319  
2299 TREASURE ISLE DR  
SUITE #50 53  
PALM BEACH GARDENS FL 33410

Mailing Address

2319  
2299 TREASURE ISLE DR  
SUITE #50 53  
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1996

4. FEI Number

65-0710280

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2319 TREASURE ISLE DR.

Suite, Apt. #, etc.

22 53

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 2319 TREASURE ISLE DR.

Suite, Apt. #, etc.

27 53

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FLEMING, O'BRYAN & FLEMING  
500 E BROWARD BLVD  
17TH FLOOR  
FT LAUDERDALE FL 33394-3071

10. Name and Address of New Registered Agent

81 Name PAUL REGENSDORF %  
82 Street Address (P.O. Box Number is Not Acceptable)  
AKERMAN, SENTERFITT & EIDSON  
83 450 E. LAS OLAS BLVD #950  
84 City FORT LAUDERDALE FL 85 Zip Code 33301

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

4-6-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE  
NAME HERBST, CHARLES  
STREET ADDRESS 2299 TREASURE ISLE DR #50  
CITY-ST-ZIP PALM BCH GARDENS FL

TITLE DV ☐ DELETE  
NAME HERBST, CYNTHIA  
STREET ADDRESS 2299 TREASURE ISLE DR  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 2319 TREASURE ISLE DR. #53  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 2319 TREASURE ISLE DR. #53  
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Charles Herbst  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99  
Date

561-776-9044  
Daytime Phone #

CR2E034 (11/98)