

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

10/2

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham <i>Secretary of State</i> DIVISION OF CORPORATIONS
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FILED
97 AUG 29 PM 3: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000071727 (7)
 1. Corporation Name
M.N. CONSULTING, INC.



Principal Place of Business 122 OLYMPUS CIRCLE JUPITER FL 33477	Mailing Address 122 OLYMPUS CIRCLE JUPITER FL 33477
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 08/23/1996	3a. Date of Last Report
4. FEI Number 65-0712784	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NEBENZAHL, MICHAEL
122 OLYMPUS CIRCLE
JUPITER FL 33477

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 _____ (Signature, typed or printed name of registered agent and the filer if applicable) (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEBENZAHL, MICHAEL	1.2 NAME	
STREET ADDRESS	122 OLYMPUS CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*****165.00 ***165.00**

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; that I receive or intend to receive compensation for executing this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by an appointment with an address.

SIGNATURE: _____

CR2E034 (4/97)

Corporate Offices

and

Showroom

21000 Boca Rio Road
Boca Raton, Florida 33433
561-483-2600
800-423-2622 National
561-488-9320 Fax

Dalsimer

of Palm Beach

2151 Alternate A1A South
Jupiter, Florida 33477
1-800-245-2552

Dalsimer

of Coral Gables

116 Alhambra Circle
Coral Gables, Florida 33134
1-800-592-2965

Dalsimer, Inc.

576 Central Avenue
Cedarhurst, NY 11516
1-800-486-7382

Dalsimer

at Terrace on the Park

52-11 111th Street
Flushing Meadow Park
Flushing, New York 11368

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Creators of the
Great Party Masterpiece

August 14, 1997

*Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500*

To Whom It May Concern,

The first notice for filing was never received by us, and in receiving the second notice we phoned the Department of State.

They notified us we could send a letter explaining the situation and send in the filing amount of \$165.00.

In turn the address needs to be changed to our main headquarters at the following:

*Attn: Dalsimer of Boca Raton
21000 Boca Rio Road
Boca Raton, Florida 33433
(561) 483-2600*

Any questions, please feel free to contact me at (561) 483-2600.

Sincerely,

*Michael Nebenzahl
DALSIMER*

MPI

MEETING PLANNERS INTERNATIONAL



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