

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

**FILED**  
**Mar 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000016106 (1)**

1. Corporation Name  
**EVENT COORDINATORS, INC.**



Principal Place of Business 2531 S.W. DALLAS STREET PORT ST. LUCIE FL 34953	Mailing Address 2531 S.W. DALLAS STREET PORT ST. LUCIE FL 34953
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/17/1997**

2. Principal Place of Business 21 <b>2531 SW Dallas St</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2531 SW Dallas St</b> Suite, Apt. #, etc.	4. FEI Number <b>650748554</b> Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 City & State <b>Port St Lucie Florida</b>	28 City & State <b>Port St. Lucie, Florida</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Zip <b>34953</b>	25 Country <b>USA</b>	29 Zip <b>34953</b>
30 Country <b>USA</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**OLENSKY, WILLIAM**  
**2531 S.W. DALLAS STREET**  
**PORT ST. LUCIE FL 34953**

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 607.05-02 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>OLENSKY, WILLIAM</b>	
STREET ADDRESS	<b>2531 S.W. DALLAS STREET</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34953</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MONAGHAN, KATHERINE</b>	
STREET ADDRESS	<b>2531 S.W. DALLAS STREET</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34953</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLLISTER, BRENDA</b>	
STREET ADDRESS	<b>2531 S.W. DALLAS STREET</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34953</b>	
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		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: **3/10/98** Daytime Phone #: **5613360062**

CR2E034 (10/97)