

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

FILED

Mar 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 2531 S.W. Dallas St Suite, Apt. #, etc. 22 City & State 23 Port St Lucie, Florida Zip 24 34953 Country 25 USA	2a. Mailing Address 26 2531 S.W. Dallas St Suite, Apt. #, etc. 27 City & State 28 Port St. Lucie, Florida Zip 29 34953 Country 30 USA	4. FEI Number 650748554 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.08-02 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

Signature typed or printed name of registered agent or officer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLENSKY, WILLIAM	1.2 NAME	
STREET ADDRESS	2531 S.W. DALLAS STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONAGHAN, KATHERINE	2.2 NAME	
STREET ADDRESS	2531 S.W. DALLAS STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLISTER, BRENDA	3.2 NAME	
STREET ADDRESS	2531 S.W. DALLAS STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0494128

CR2E034 (10/97)