


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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90227 021 \*\*\*150.00

05/17/96

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P97000016106**

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
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>14510 S.W. Chesterfield Ln</b>	2a. Mailing Address 26 <b>14510 S.W. Chesterfield Ln.</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>Tigard, OR</b>	City & State 28 <b>Tigard, OR</b>
Zip 24 <b>97224</b>	Country 25 <b>USA</b>
Country 29 <b>USA</b>	Zip 30 <b>97224</b>

3. Date Incorporated or Qualified <b>02/17/1997</b>	
4. FEI Number <b>65-0748554</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b> <input checked="" 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>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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Tim Hollister</b>
1.3 STREET ADDRESS	<b>14510 Sw. Chesterfield Ln.</b>
1.4 CITY-ST-ZIP	<b>Tigard, OR 97224</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Brenda Hollister</b>
2.3 STREET ADDRESS	<b>14510 Sw. Chesterfield Ln.</b>
2.4 CITY-ST-ZIP	<b>Tigard, OR 97224</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED \_\_\_\_\_ DATE: **4/20/99** DAYTIME PHONE # \_\_\_\_\_

CR2E034 (11/98)