


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 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
02/17/1997

4. FEI Number
65-0748554

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

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 607.0502 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	OLENSKY, WILLIAM	
STREET ADDRESS	2531 S.W. DALLAS STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HOLLISTER, BRENDA	
STREET ADDRESS	2531 S.W. DALLAS STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
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	P. Tim Hollister	
1.3 STREET ADDRESS	14510 S.W. Chesterfield Ln.	
1.4 CITY-ST-ZIP	Tigard, OR 97224	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brenda Hollister	
2.3 STREET ADDRESS	14510 S.W. Chesterfield Ln.	
2.4 CITY-ST-ZIP	Tigard, OR 97224	
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 _____ Daytime Phone # _____

CR2E034 (11/98)