

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000042566 (4)

1. Corporation Name

ODYSSEY EXPOSITIONS, INC.

Principal Place of Business

Mailing Address

2805 NASSAU STREET
SARASOTA FL 34231

2805 NASSAU STREET
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1997

4. FEI Number

59-3444703

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1440 Seafarer Dr.

26 P.O. Box 17526

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Osprey, FL

28 Sarasota, FL

24 Zip

25 Country

29 Zip

30 Country

34229

USA

34226

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THEIS, JOHN R CPA
2851 MAPLELOFT LANE
SARASOTA FL 34232

81 Name

Robert Lynch

82 Street Address (P.O. Box Number is Not Acceptable)

1440 Seafarer Dr.

83

84 City

Osprey

FL

85 Zip Code

34229

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 607.0603, Florida Statutes.

SIGNATURE

Robert Lynch

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

4/3/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D
NAME LYNCH, ROBERT G
STREET ADDRESS 2805 NASSAU STREET
CITY-ST-ZIP SARASOTA FL 34231

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Robert G. Lynch
1.3 STREET ADDRESS 1440 Seafarer Dr.
1.4 CITY-ST-ZIP Osprey, FL 34229

TITLE ☐ DELETE

D
NAME ALARIE LYNCH, SUSAN E
STREET ADDRESS 2805 NASSAU STREET
CITY-ST-ZIP SARASOTA FL 34231

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Secretary/Treasurer
2.3 STREET ADDRESS Susan Alarie Lynch
1440 Seafarer Dr.
2.4 CITY-ST-ZIP Osprey, FL 34229

TITLE ☒ DELETE

D
NAME LYNCH, JENNIFER J
STREET ADDRESS 2805 NASSAU STREET
CITY-ST-ZIP SARASOTA FL 34231

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

Robert Lynch

4/3/98

941-918-8453

CR2E034 (10/97)