

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90190 038 ***150.00

DOCUMENT # P97000058413

1. Corporation Name

COMPLETE CONFERENCE MANAGEMENT, INC.

Principal Place of Business
10621 SW 99TH TERRACE
MIAMI FL 33176

Mailing Address
10621 SW 99TH TERRACE
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1997

4. FEI Number

65-0768718 65-0877990

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 10323 S.W. 126th ST.

26 10323 SW 126th ST

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

MIAMI FL

28 City & State

MIAMI FL

24 Zip

33176

25 Country

USA

29 Zip

33176

30 Country

USA

9. Name and Address of Current Registered Agent

LEWIS, HAROLD L
HABER, LEWIS & PATHMAN, LLP
2 SOUTH BISCAYNE BLVD SUITE 3660
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME HOLTZMAN, SUSAN O
STREET ADDRESS 10621 SW 99 TERRACE
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME BARRY T. KATZEN, M.D.
1.3 STREET ADDRESS 1125 SAN PEDRO
1.4 CITY-ST-ZIP MIAMI FL 33156

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME GARY J. BECKER, M.D.
2.3 STREET ADDRESS 5925 SW 107 ST.
2.4 CITY-ST-ZIP MIAMI FL 33156

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME JAMES F. BROWNATI, M.D.
3.3 STREET ADDRESS 7400 SW 47 CT.
3.4 CITY-ST-ZIP MIAMI FL 33143

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME GERALD ZEMEL, M.D.
4.3 STREET ADDRESS 6225 SW 98 ST
4.4 CITY-ST-ZIP MIAMI FL 33156

5.1 TITLE PRESIDENT ☒ Change ☐ Addition
5.2 NAME SUSAN O. HOLTZMAN
5.3 STREET ADDRESS 10323 SW 126 ST
5.4 CITY-ST-ZIP MIAMI FL 33176

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 305-234-7530
Date Daytime Phone #

CR2E034 (11/98)