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

CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # Pathonnessen (a)

1. Corporation	on Name EXPOSUF			02000 (0	? <i>]</i>				
Principal Place of Business Mailing Address						<del></del>			
1223 ROYA				1223 ROYAL ST.					
KEY WEST				KEY WEST FL 33040					
								DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified 07/18/1997	
2. Principal Place of Business			2a. Mailing Address					4. FEI Number Applied For	
21			26					65-0786339 Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Zip Country		1	Zip		У		8. This corporation owes or has paid the current year Intangible	
24	4 25			29 30				Personal Property Tax due June 30.  Yes No	
		and Address of Cur		stered Agent		_		10. Name and Address of New Registered Agent	
		ION SERVICE COM	PANY		B.	ı	Name		
	1201 HAYS Tallahass	street Ee Fl 32301-2525			82	2	Street Addre	ess (P.O. Box Number is Not Acceptable)	
					83	3			
44 Pursuant to the provisions of Castions 607.05							City	FL 85 Zip Code	
11. Pursuant office or ragent. La	to the provis registered ag im familiar wi	ions of Sections 607.0 jent, or both, in the Sta th, and accept the ob	502 and 6 ato of Flori ligations o	607 1508, Florida Statu da. Such change was f, Section 607.0505, F	iles, the above authorized b lorida Stalute	/0- y 1	named corporation	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
SIGNATURE.	Signature, typed	or printed name of registered			16: Registered Aç	gent	it signature require	od when reinslating) DATE	
12.		OFFICERS A	MD OIBE	13.			ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12		
TITLE	OUIDOLO DEE V			DELETE				Change Addition	
NAME	QUIROLO, DEE V								
STREET ADDRESS	VEV WEST EL DOGAD						ADDRESS		
CITY-ST-ZIP	NET WEST PL 33040			DELETE 2			- ZIP		
				נ הננונ				[_] Change	
NAME CTREET ADDRESS						2.2 NAME 2.3 STREE1 ADDRESS			
STREET ADDRESS									
CITY-ST-ZIP TITLE		·		DELETE	2. 4 CITY - 3.1 T(TLE	51	- 211'	Change Addition	
NAME					3.2 NAME		ĺ	_ onengo _ notice!	
STREET ADDRESS					3.3 STREE	I At	COORESS		
CITY-ST-ZIP					3.4. City-				
TITLE				DELETE	4.1 TITLE	<u></u>		☐ Change ☐ Addition	
NAME					4 2 NAME			_ , _	
STREET ADDRESS					4.3 STREE	I AI	.DDRESS		
CITY-ST-ZIP					4.4 C/TY-				
TOLE				DELETE	5.1 TITLE	_		Change Addition	
NAME					5.2 NAME				
STREET ADDRESS					5.3 \$1REE	1 A!	DORESS		
CITY-ST-ZIP					5.4 CITY-	S1-	ZIP		
TITLE				DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME					6.2 NAME				
STREET ADDRESS					6.3 STREE	I AE	DORESS		

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 above, 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 busted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chartered an attachment with an address.

6.4 CITY - \$1 - ZIP

**FILED** 

Jan 20 1998 8:00am

Secretary of State