


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

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90003 016 ***450.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000069537			
1. Corporation Name ONBOARD CONFERENCES, INC., ✓			
Principal Place of Business 2525 Pasadena Avenue S. Suite 0 St. Petersburg, FL. 33707		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3465667	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent Anthony P. Valente, Jr., Esquire KNAUST & VALENTE, P.A. 2730 Central Avenue St. Petersburg, FL. 33712		10. Name and Address of New Registered Agent	
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.		81 Name	
SIGNATURE		82 Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name of registered agent and title if applicable.		83	
(NOTE: Registered Agent signature required when reinstating)		84 City	
DATE		FL 85 Zip Code	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Patricia Seifried <input type="checkbox"/> DELETE P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2525 Pasadena Avenue S.	1.2 NAME	
STREET ADDRESS	St. Petersburg, FL. 33707	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	Edward Seifried <input type="checkbox"/> DELETE VP/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2525 Pasadena Avenue S.	2.2 NAME	
STREET ADDRESS	St. Petersburg, FL. 33707	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	Judy Ferrera <input type="checkbox"/> DELETE VP/D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2525 Pasadena Avenue S.	3.2 NAME	
STREET ADDRESS	St. Petersburg, FL. 33707	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	Wayne Seifried <input type="checkbox"/> DELETE D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2525 Pasadena Avenue S.	4.2 NAME	
STREET ADDRESS	St. Petersburg, FL. 33707	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	Terri Hevia <input type="checkbox"/> DELETE D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2525 Pasadena Avenue S.	5.2 NAME	
STREET ADDRESS	St. Petersburg, FL. 33707	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	Dawn Seifried <input type="checkbox"/> DELETE D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2525 Pasadena Avenue S.	6.2 NAME	
STREET ADDRESS	St. Petersburg, FL. 33707	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Dawn Seifried Dawn Seifried 4-23-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)