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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000082582 (2)

INTEGRATED EVENT SERVICES, INC.

FILED Mar 16 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	
5364 EHRLICH	H ROAD	5364 EHRLICH ROAD		
SUITE 165		SUITE 165		DO NOT HIGHE IN THIS SPACE
TAMPA FL 33624		TAMPA FL 33624		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
ŀ				·
2, Principat P	lace of Business	2a. Mailing Address		09/24/1997 4. FEI Number Applied For
21		26		59 - 3 472/10 Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc		\$9.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State	o	City & State		6, Election Campaign Financing \$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution LJ Added to Fees
24	25	2ip 3	BO	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
1 2 2	9. Name and Address of Curre		1	10. Name and Address of New Registered Agent
RI Name				
343 ALMERIA AVENUE				Louis J. Mendel III ddress (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134				613 Cake Key Office
			83	
			84 City	Int Tip Code
			1/2	Ress. 4 FL 85 Zip Code 33556
11. Pursuant to the provisions of Sections 607.0/.02 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, to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered				
agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE Louis J. Menda III Prosilat 3/9/88				
		NOTE NOTE NOTE	Hingistered Agent signature re	equired when re-instatting) DATE
12.	PTD	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PTS D Addition
NAME	MENDEL, LOUIS J III			mendel, Louis J III
STREET ADDRESS	5364 EHRLICH ROAD		1.3 STREET ADDRESS	5364 Ehrlich Roed Suite145
CITY - ST - ZIP	TAMPA FL 33624		1.4 CITY-ST-ZIP	TrupA Pl 33614
TITLE	SVD	ELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MALATIN, MICHAEL	•	2.2 NAME	
STREET ADDRESS	5364 EHRLICH ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624		2. 4 CITY-ST-ZIP	
TITLE		□ DELET Ľ	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>	Drutze	3.4. City-St-ZiP	
TITLE		☐ DELETE	41 TITLE	Change Addition
NAME expres appares			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 City-St-ZiP 5.1 Title	Change Addition
NAME		pitcit	5.2 NAME	C. Onange C. Adultoir
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		•	6.2 NAME	
STREET ADDRESS			6 3 STREET ADORESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	
	ertify that the information supplied w	with this filma does not aughty for		in Section 119.07(3)(i). Florida Statutes, I further certify that the information

14. I hereby contry that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 reserver 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 all achiment with an address.

SIGNATURE:

hours J. Mendel II 3/9/28