

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 11, 1999 8:00 am
Secretary of State

03-11-1999 90067 010 ***158.75

DOCUMENT # P97000089690

1. Corporation Name
MEETINGS & MORE, INC.

Principal Place of Business
TWO ADALIA AVENUE #804
TAMPA FL 33606
US

Mailing Address
TWO ADALIA AVENUE #804
TAMPA FL 33606



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1997

4. FEI Number

59-1126885

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 the current year intangible
Personal Property Tax.



Yes No

2. Principal Place of Business

21 61 Albemarle Ave

Suite, Apt. #, etc.

22

City & State

23 Tampa, FL

Zip

24 33606

Country

25 US

2a. Mailing Address

26 61 Albemarle Ave

Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

Zip

29 33606

Country

30 US

9. Name and Address of Current Registered Agent

HANERFELD, TAMMY R
TWO ADALIA AVENUE #804
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name Tammy R Hanerfeld, CMP

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

83 61 Albemarle Ave

84

City Tampa

FL

85 Zip Code 33606

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 Tammy R Hanerfeld, CMP

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

(NOTE: Registered Agent signature required when reinstating)

3/1/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME TAMMY R HANERFELD
STREET ADDRESS TWO ADAMA AVE #804
CITY-ST-ZIP TAMPA FL 33606

DELETE

TITLE President
NAME Tammy R Hanerfeld, CMP
STREET ADDRESS 61 Albemarle Ave
CITY-ST-ZIP Tampa, FL 33606

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Tammy R Hanerfeld, CMP
1.3 STREET ADDRESS 61 Albemarle Ave
1.4 CITY-ST-ZIP Tampa, FL 33606

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0386965