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May 06, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000103914

1. Corporation Name  
TRADE SHOW XPRESS INC.

Principal Place of Business  
6992 LISMORE AVENUE  
BOYNTON BEACH FL 33437

Mailing Address  
6992 LISMORE AVENUE  
BOYNTON BEACH FL 33437



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/10/1997

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0804304

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAPUSTEIN, WALTER P  
1801 S. FEDERAL HIGHWAY STE. 214  
DELRAY BEACH FL 33483

81 Name

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

6992 LISMORE AVENUE

83

84 City BOYNTON BEACH FL

85 Zip Code 33437

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 *Walter P Kapustin* WALTER P KAPUSTEIN SECRETARY/TREASURER 4-25-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME KAPSTEIN, IRIS  
STREET ADDRESS 1801 S FED HWY, STE 214  
CITY-ST-ZIP DELRAY BCH FL 33483

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 6992 LISMORE AVENUE  
1.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE ST  
NAME KAPUSTEIN, WALTER  
STREET ADDRESS 1801 S FED HWY, STE 214  
CITY-ST-ZIP DELRAY BCH FL 33418

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS 6992 LISMORE AVENUE  
2.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Walter P Kapustin* WALTER P KAPUSTEIN SECRETARY/TREASURER 4/25/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

561-733-4050

CR2E034 (1/98)