

PROFIT CORPORATION
ANNUAL REPORT
1999



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000033293

1. Corporation Name

Exhibition Logistics, Inc.

Principal Place of Business Mailing Address
7011 Ordway 7011 Ordway
Ft. Wayne, Indiana 46815 Ft. Wayne, Indiana 46815

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
April 10, 1998

2. Principal Place of Business 1 7474 Brokerage Drive Suite, Apt. #, etc. 2 City & State 3 Orlando, FL 4 Zip 32809	2a. Mailing Address 26 215 North Eola Drive Suite, Apt. #, etc. 27 City & State 28 Orlando, FL 29 Zip 32802	4. FEI Number 58-2386064	Applied For Not Applicable
25 U.S.A.	30 U.S.A.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

James J. Hctor
215 North Eola Drive
Orlando, FL 32802

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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.

12/ /99

SIGNATURE

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 D/P/S	James B. Lewis <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7474 Brokerage Drive	1.2 NAME	500003114236--1
STREET ADDRESS	Orlando, FL 32819	1.3 STREET ADDRESS	-01/28/00--01042--016
CITY-ST-ZIP		1.4 CITY-ST-ZIP	***150.00 ***150.00
TITLE D/V/T	Gary R. McCallum <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7474 Brokerage Drive	2.2 NAME	
STREET ADDRESS	Orlando, FL 32819	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE D	Robert Chin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	7474 Brokerage Drive
STREET ADDRESS		3.3 STREET ADDRESS	Orlando, FL 32819
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D	Dale Leithleiter <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	7474 Brokerage Drive
STREET ADDRESS		4.3 STREET ADDRESS	Orlando, FL 32819
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 an other like empowered.

SIGNATURE: *James B. Lewis, President, Director* 12/ /99 (407) 855-4088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James B. Lewis, President