**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

HOLLYWOOD FL 33020

2a. Mailing Address

Suite, Apt. #, etc.

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## DOCUMENT # P98000042542

1. Corporation Name

HOLLYWOOD FL 33020

2. Principal Place of Business

Suite, Apt. #, etc.

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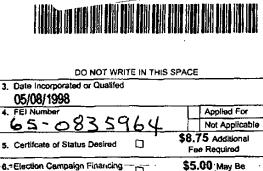
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CORPORATE MEETING PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
2148 COLLINS COURT	2148 COLLINS COURT

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90211 019 \*\*\*150.00



City & State Added to Fees Trust Fund Contribution 26 Country 8. This corporation owes the current year Intangible
Personal Property Tax. Country Zio □No 25 30 Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BRELIN, PAUL Street Address (P.O. Box Number is Not Acceptable) 2148 COLLINS COURT HOLLYWOOD FL 33020 83 Zip Code

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.

City

SIGNATURE ure, typed or printed name of registered egent and title if ap ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition ☐ DELETE 1 1 TM E TITLE BRELIN, PAUL 12 NAME NAME 2148 COLLINS COURT 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE ACCO. KRISTY 2.2 NAME NAME 2148 COLLINS COURT 2.3 STREET ADDRESS STREET ADDRES HOLLYWOOD FL 33020 2.4 CITY-\$1-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 51 TIME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF 6.1 TITLE Addition DELETE ☐ Change 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CTY-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 cath; 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.

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