

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

FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S16278 (1)  
1. Corporation Name  
SPORTS & CONVENTION CONSULTING, INC.



Principal Place of Business: 8113 MCFARLAND ROAD TAMPA FL 33618  
Mailing Address: 3113 MCFARLAND ROAD TAMPA FL 33618-3913

3. Date Incorporated or Qualified: 12/04/1990  
3a. Date of Last Report: 05/21/1996

2. Principal Place of Business  
21 1996 IOWA AVE. NE. 26 1996 IOWA AVE. NE.  
Suite, Apt. #, etc.  
22 City & State: St. Petersburg FL. 27 City & State: St. Petersburg FL.  
23 Zip: 33703 24 Country: Pinellas 25 28 Zip: 33703 29 Country: Pinellas 30

4. FEI Number: 59-3037338 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
BARTON, RONALD D.  
3113 MCFARLAND ROAD  
TAMPA FL 33618

10. Name and Address of New Registered Agent  
81 Name: BARTON, RONALD D.  
82 Street Address (P.O. Box Number is Not Acceptable): 1996 IOWA AVE. NE.  
83  
84 City: St. Petersburg FL 85 Zip Code: 33703

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: *Ronald D. Barton* President DATE: 4/21/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BARTON, RONALD D	
STREET ADDRESS	3113 MCFARLAND RD	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	BARTON, RONALD D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1996 IOWA AVE. NE.	
1.3 STREET ADDRESS	St. Petersburg FL.	
1.4 CITY-ST-ZIP	33703	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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, in an address.

SIGNATURE: *Ronald D. Barton* DATE: 4/21/97 813 522-8066

CR2E034 (9/96)