

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

FILED
Apr 15 1997 8:00am
Secretary of State



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

PROFIT CORPORATION
 ANNUAL REPORT
1997

DOCUMENT # S28688 (7)
 1. Corporation Name
TOTAL EVENT AND MEETING PRODUCTIONS, INC.



Principal Place of Business
**5317 JEFFERSON STREET
 HOLLYWOOD FL 33021**

Mailing Address
**5317 JEFFERSON STREET
 HOLLYWOOD FL 33021-7119**

3. Date Incorporated or Qualified
01/30/1991

3a. Date of Last Report
06/11/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	2640 Hollywood Blvd.	26	1308 Washington St.	65-0238193		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
22. City & State		27. City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Hollywood, FL		Hollywood, FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23	Zip	28	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
33020	USA	33019	USA				

9. Name and Address of Current Registered Agent
**KING, BENJAMIN B.
 5317 JEFFERSON ST.
 HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name
King, Benjamin B.

82 Street Address (P.O. Box Number is Not Acceptable)
1308 Washington St.

83

84 City
Hollywood

85 Zip Code
FL 33019

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, BENJAMIN B.	
STREET ADDRESS	5317 JEFFERSON STREET	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, TINA	
STREET ADDRESS	5317 JEFFERSON ST.	
CITY - ST - ZIP	HOLLYWOOD 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1308 Washington St.
1.4 CITY - ST - ZIP	Hollywood, FL 33019
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1308 Washington St.
2.4 CITY - ST - ZIP	Hollywood, FL 33019
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 with an address.

SIGNATURE: Jenia A. King 4/11/97 954-920-8324
 SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)