

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

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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/30/1991	3a. Date of Last Report 06/11/1996
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2. Principal Place of Business 21 2640 Hollywood Blvd. Suite, Apt. #, etc. 22 Suite 121 City & State 23 Hollywood, FL Zip Country 24 33020 25 USA	2a. Mailing Address 26 1308 Washington St. Suite, Apt. #, etc. 27 City & State 28 Hollywood, FL Zip Country 29 33019 30 USA	4. FEI Number 65-0238193 Applied For Not Applicable 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 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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

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	<input type="checkbox"/> DELETE	1.1 TITLE Change	<input type="checkbox"/> Addition
NAME KING, BENJAMIN B.		1.2 NAME	
STREET ADDRESS 5317 JEFFERSON STREET		1.3 STREET ADDRESS 1308 Washington St.	
CITY-ST-ZIP HOLLYWOOD-FL		1.4 CITY-ST-ZIP Hollywood, FL 33019	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE Change	<input type="checkbox"/> Addition
NAME KING, TINA		2.2 NAME	
STREET ADDRESS 5317 JEFFERSON ST-		2.3 STREET ADDRESS 1308 Washington St.	
CITY-ST-ZIP HOLLYWOOD-FL		2.4 CITY-ST-ZIP Hollywood, FL 33019	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
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	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97

954-920-8324

CR2E034 (9/96)