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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90073 009 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$28688

1. Corporation Name

TOTAL EVENT AND MEETING PRODUCTIONS, INC.

2640 HOLLYW STE #121	:	Mailing Address 1308 WASHINGTON STREE HOLLYWOOD FL 33019	ī				
HOLLYWOOD FL 33020 US					DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualifed 01/30/1991		
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21 26					65-0238193	 -	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired		Additional equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
Zip	Country	Zip Country			Trust Fund Contribution	Added	to Fees
24	25		30		This corporation owes the current Personal Property Tax.	year Intangible	□Na
	9. Name and Address of Curren		 		10. Name and Address of New Regi		□Ņo
K/AV	C DENIAMIN D	· · · · · · · · · · · · · · · · · · ·	81	Name			
KING, BENJAMIN B 1308 WASHINGTON STREET 82 Street Add					ss (P.O. Box Number is Not Acceptable)	<u> </u>	
HOLLYWOOD FL 33019					dress (F.O. Box Number is Not Acceptable)		
102211100012			83				
			84	City	And Addition	FL 85 Zip (
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: E	Conjetered Asset	signature required w			
12.	OFFICERS AND		13.	signature required w	ADDITIONS/CHANGES TO OFFICE	DATE	NDC (N) 40
TITLE	D	☐ DELETE	1.1 TITLE		ADDITIONS/OFFICE	Change	Addition
NAME	KING, BENJAMIN B.		1.2 NAME	1	•		
STREET ADDRESS	1308 WASHINGTON STREET		1.3 STREET A	ADDRESS	•		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-	ZIP			
TITLE	D NING TIMA	☐ DELĒTE	2.1 TITLE			☐ Change	Addition
NAME STORY ADDRESS	KING, TINA 1308 WASHINGTON STREET HOLLYWOOD FL		2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				4
CITY-ST-ZIP TITLE	THOLETHOOD I E	☐ DELETE	2.4 CITY-ST- 3.1 TITLE	ZIP			
NAME	- CJ DELETE		3.1 IIILE			. Change	☐ Addition
STREET ADDRESS			3.3 STREET A	ODDESS	the second of the second		•
CITY-ST-ZIP			3.4. CITY-ST-		•		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME			_ ,	
STREET ADDRESS	.4		4.3 STREET A	DORESS		•	ĺ
CITY-ST-ZIP			4.4 CITY-ST-2	ZIP			ł
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME STREET ADDRESS			5.2 NAME				
STREET ADDRESS CITY-ST-ZIP			5.3 STREET A	1			· .
TITLE		☐ DELETE	5.4 CITY-ST-2 6.1 TITLE	ur			
NAME		C Defecte	6.2 NAME			☐ Change	Addition
STREET ADDRESS			6 2 CTDCCT **				

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 all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

E OF SIGNING OFFICER OR DIRECTOR

954-920-8326

CR2E034 (11/98)