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

NAME

STREET ADDRESS

SIGNATURE:

**FILED** Mar 06 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)FLORIDA SCIENTIFIC CONFERENCES, INC. Principal Place of Business Mailing Address 2261 NORTHWEST 24TH AVENUE GAINESVILLE FL 32605 2281 NORTHWEST 24TH AVENUE GAINESVILLE FL 32605 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1991 2. Principal Place of Business 28. Mailing Address Applied For 59-3057476 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country This corporation owes or has paid the current year Intangible 25 Yes Yes 30 Personal Property Tax due June 30. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DRAGO, RUTH ANN 2281 NORTHWEST 24TH AVENUE 62 **GAINESVILLE FL 32605** 83 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 eignature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition TITLE 11 1110 Change DRAGO, RUSSELL S. NAME 1.2 NAME 2281 N.W. 24TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition DRAGO, RUTH ANN NAME 2 2 NAME 2281 N.W. 24TH AVENUE STREET ADORESS 23 STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY - \$1 - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Addition 61 TITLE Change TITLE

6.2 NAME

**6.3 STREET ADDRESS** 6.4 CITY-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 oath; that I am an officer or director of the corporation or the receiver or truestee 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.