

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Walker
Secretary of State
1000 North G Street, Tallahassee, FL 32304

APPROVED
AND
FILED

95 MAY -1 PM 10:11

DOCUMENT # **S47599**

(3)

EXPO GROUP I, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
118 S WESTSHORE BLVD
SUITE 218
TAMPA FL 33609

Alternate Address
118 S WESTSHORE BLVD
SUITE 218
TAMPA FL 33609

USE ADDITIONAL SHEETS FOR SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date of Incorporation in U.S.	3b. Date of Report Prepared
118 S WESTSHORE BLVD SUITE 218 TAMPA FL 33609		118 S WESTSHORE BLVD SUITE 218 TAMPA FL 33609		04/24/1991	05/01/1994
21. Filing Agent		26. Filing Agent		4. FL Number	Applied For / Not Applicable
				65-0257350	
22. Filing Fee		27. Filing Fee		5. Certificate of Status Expires	\$8.75 Additional Fee Required
				6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
23. Filing Fee		28. Filing Fee		8. The corporation has adopted the Uniform Limited Liability Act (ULLA)	
24. Filing Fee		29. Filing Fee		30. Filing Fee	

9. Name and Address of Current Registered Agent

MILES, ROBERT
118 S. WESTSHORE BLVD., #218
TAMPA FL 33609

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not A Corporation)	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, the president or secretary of the corporation, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office. I am empowered to do so by the board of directors of the corporation and I am authorized by the corporation to sign this statement and to execute the appropriate documents to change its registered office.

Signature of Officer or Director: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD MILES, ROBERT 118 S WESTSHORE BLVD TAMPA FL	1. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	
STATE		4. STATE	
ZIP CODE		5. ZIP CODE	
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY		8. CITY	
STATE		9. STATE	
ZIP CODE		10. ZIP CODE	
NAME		11. NAME	
STREET ADDRESS		12. STREET ADDRESS	
CITY		13. CITY	
STATE		14. STATE	
ZIP CODE		15. ZIP CODE	
NAME		16. NAME	
STREET ADDRESS		17. STREET ADDRESS	
CITY		18. CITY	
STATE		19. STATE	
ZIP CODE		20. ZIP CODE	

14. I hereby certify that the information supplied with this filing, voluntarily furnished and checked, is true and correct for the filing date stated on this filing. I further certify that the information is true and correct for the filing date stated on this filing. I further certify that the information is true and correct for the filing date stated on this filing. I further certify that the information is true and correct for the filing date stated on this filing.

SIGNATURE:

Robert Miles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT MILES

P205

4-27-95