

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V66870** (9)
1. Corporation Name
TRADESHOW CONSULTANTS INTERNATIONAL, INC.



Principal Place of Business Mailing Address
**6512 PARSON BROWN DR.
ORLANDO FL 32819**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 29. Country
25. Country 30. Country

9. Name and Address of Current Registered Agent

**BOUBELIK, VICTORIA L.
6512 PARSON BROWN DR.
ORLANDO FL 32819**

3. Date Incorporated or Qualified **09/22/1992** 3a. Date of Last Report **04/24/1995**
4. FEI Number **59-3142299** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No
10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0507 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 607.0515, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	BOUBELIK, VICTORIA L.	
STREET ADDRESS	6512 PARSON BROWN DR.	
CITY- ST- ZIP	ORLANDO FL	
TITLE	V	☐ DELETE
NAME	BOUBELIK, JAMES	
STREET ADDRESS	6512 PARSON BROWN DR.	
CITY- ST- ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	☐ Change ☐ Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	☐ Change ☐ Addition
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	☐ Change ☐ Addition
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	☐ Change ☐ Addition
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	☐ Change ☐ Addition
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 or changes, or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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