FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Feb 05 1996 8:00 am
Secretary of State

DOCUMENT # **V72770** **(3)**

1. Corporation Name
ALL ACCESS EVENT SERVICES, INC.

Principal Place of Business
1000 E. ATLANTIC BLVD.
STE. 206-C
POMPANO BCH. FL 33060
US

Mailing Address
1000 E. ATLANTIC BLVD.
STE. 206-C
POMPANO BCH. FL 33060
US

3. Date Incorporated or Qualified: 10/19/1992
3a. Date of Last Report: 09/29/1995
4. FEI Number: 65-0388870 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

JOHNSON, FRANKLIN L
7921 SOUTHGATE BLVD.
APT D-12
N. LAUDERDALE FL 33068

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 607.0502 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]* Franklin L. Johnson President — DATE: 1/31/96

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	1.1 TITLE		[ ] Change [ ] Addition
NAME	JOHNSON, FRANKLIN L.		1.2 NAME		
STREET ADDRESS	7921 SOUTHGATE BLVD., APT. D-12		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	VT	[X] DELETE	2.1 TITLE		[ ] Change [ ] Addition
NAME	FLEMING, JEFFREY P.		2.2 NAME		
STREET ADDRESS	100 N.E. 21ST CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL		2.4 CITY-ST-ZIP		
TITLE	D	[X] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME	FLEMING, JEFFREY P.		3.2 NAME		
STREET ADDRESS	100 N.E. 21ST CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL		3.4 CITY-ST-ZIP		
TITLE	SD	[ ] DELETE	4.1 TITLE	V/D	[X] Change [ ] Addition
NAME	STARR, RANDY S		4.2 NAME		
STREET ADDRESS	7921 SOUTHGATE BLVD. #D-12		4.3 STREET ADDRESS		
CITY-ST-ZIP	N. LAUDERDALE FL 33068		4.4 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME	JOHNSON, PHILIP A		5.2 NAME		
STREET ADDRESS	2658 SW 14TH DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE	S/T	[ ] Change [X] Addition
NAME			6.2 NAME	JAKSCH, SHERRY J.	
STREET ADDRESS			6.3 STREET ADDRESS	2658 SW 14TH DRIVE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	

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)(k), 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: *[signature]* Franklin L Johnson President 1/31/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)