


FILE NOW: FILING FEE IS \$61.25

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Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90067 026 ****70.00

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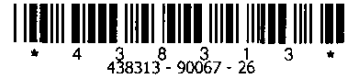
CR2E037 (11/98)

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718044

1. Corporation Name
CONCEPT HOUSE INC.

Principal Place of Business 162 N E 49TH ST MIAMI FL 33137-3118	Mailing Address 162 N E 49TH ST MIAMI FL 33137-3118
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/10/1970	4. FEI Number 23-7063810 Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARRIS, LUCIOUS T. 122 NE 122TH ST. MIAMI FL 33161				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Lucious T. Harris Lucious T. Harris/Treasurer DATE: 4/23/99

Signature typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SCHIFFER, BRAD 3301 CORAL WAY, LEVEL U MIAMI FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP RUNDQUIST, KAREN D. 16955 S.W. 288 ST HOMESTEAD FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE John Maclaren <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD MCLAREN, JOHN 7730 SW 53RD PLACE MIAMI FL	<input type="checkbox"/> DELETE	2.2 NAME Vice President
TITLE	TD HARRIS, LUCIOUS T. 122 N.E. 122ND STREET MIAMI FL	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 7730 SW 53 Place
TITLE	M JONES, POLLY E. 235 RIDGEWOOD RD. CORAL GABLES FL	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP Miami, FL 33143
TITLE	Secretary Jerry Proctor Bilzin, Sumberg & Assoc. 2500 First Union Ctr. Miami, FL 33131	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.2 NAME Vice President
TITLE		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.2 NAME
TITLE		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.2 NAME
TITLE		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.2 NAME
TITLE		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE: Brad Schiffer Brad Schiffer/President DATE: 4/20/99 305-751-6501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #