

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morikam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H65401 (2)
 1. Corporation Name
CONCORDE TECH, INC.

Principal Place of Business 1621 DOLPHIN DR LAKELAND FL 33801 US	Mailing Address 1621 DOLPHIN DR LAKELAND FL 33801 US
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DO NOT WRITE IN THIS SPACE

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	30

3. Date Incorporated or Qualified 07/05/1985	
4. FEI Number 59-2622241	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ELLIS, FRED
1013 S PENN
LAKELAND FL 33801

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	T
NAME	ELLIS SR, CHARLES DENNIS	1.2 NAME	ROBERT E. GOBOLDT
STREET ADDRESS	413 BURBANK AVE.	1.3 STREET ADDRESS	1351 WALKER CT.
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	LAKELAND, FL. 33809
TITLE	VP	2.1 TITLE	VP
NAME	GOBOLDT, PAMELA L	2.2 NAME	JENG HUA LIU
STREET ADDRESS	1351 WALKER CT.	2.3 STREET ADDRESS	1621 DOLPHIN DR.
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	LAKELAND, FL. 33801
TITLE	M	3.1 TITLE	S
NAME	ELLIS, CHARLES D JR.	3.2 NAME	JENNIFER R ABLONDI
STREET ADDRESS	1905 W. DAUGHTERY RD.	3.3 STREET ADDRESS	1475 WOODLAKE DR. #209
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	LAKELAND, FLA. 33803
TITLE		4.1 TITLE	PD
NAME		4.2 NAME	CHARLES D. ELLIS SR.
STREET ADDRESS		4.3 STREET ADDRESS	1621 DOLPHIN DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LAKELAND, FL. 33801
TITLE		5.1 TITLE	M
NAME		5.2 NAME	CHARLES D. ELLIS JR.
STREET ADDRESS		5.3 STREET ADDRESS	129 MILLER'S TRACE DR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ST. MARYS, GA 31558
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles D. Ellis Sr.* **CHARLES D. ELLIS SR.** 4-8-98 666-5058 941

CR2E034 (10/97)