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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90166 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H65401

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/05/1985

4. FEI Number **59-262241** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLIS, FRED
 1013 S PENN
 LAKELAND FL 33801

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
 NAME **ELLIS SR, CHARLES DENNIS**
 STREET ADDRESS **413 BURBANK AVE.**
 CITY-ST-ZIP **LAKELAND FL**

1.1 TITLE Change Addition
 1.2 NAME **ROBERT E. GOBOLDT**
 1.3 STREET ADDRESS **1351 WALKER CT.**
 1.4 CITY-ST-ZIP **LAKELAND, FL.**

TITLE **VP** DELETE
 NAME **GODBOLDT, PAMELA L**
 STREET ADDRESS **1351 WALKER CT.**
 CITY-ST-ZIP **LAKELAND FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **M** DELETE
 NAME **ELLIS, CHARLES D JR.**
 STREET ADDRESS **1905 W. DAUGHTERY RD.**
 CITY-ST-ZIP **LAKELAND FL**

3.1 TITLE Change Addition
 3.2 NAME **LIU, JENG HUA**
 3.3 STREET ADDRESS **1621 DOLPHIN DR.**
 3.4 CITY-ST-ZIP **LAKELAND, FL**

TITLE **S** DELETE
 NAME **ABLONOI, JENNIFER R**
 STREET ADDRESS **1475 WOODLAKE DRIVE #209**
 CITY-ST-ZIP **LAKELAND FL 33803**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **PD** DELETE
 NAME **ELLIS SR., CHARLES D**
 STREET ADDRESS **1621 DOLPHIN DRIVE**
 CITY-ST-ZIP **LAKELAND FL 33801**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE **M** DELETE
 NAME **ELLIS JR, CHARLES D**
 STREET ADDRESS **~~129 MILLERS TERRACE DRIVE~~**
 CITY-ST-ZIP **ST MARYS GA 31558**

6.1 TITLE Change Addition
 6.2 NAME **ELLIS JR, CHARLES D**
 6.3 STREET ADDRESS **129 MILLERS TRACE DR**
 6.4 CITY-ST-ZIP **ST. MARYS, GA 31558**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 an attachment with an address with a I other like empowered.

SIGNATURE: *Charles D. Ellis* **CHARLES D. ELLIS** 4-20-99 666-5058 941
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)