FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 6:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~J68526~~ 358556

1. Corporation Name
CONCEPT ONE ENTERPRISES, INC

700001480827
-05/09/95--01096--001
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
136 EAST CITRUS STREET ALTAMONTE SPRINGS, FL 32701	575 LITTLE RIVER LOOP #353 ALTAMONTE SPRINGS, FL 32714

3. Date Incorporated or Qualified: FEB 20, 1987
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 59-2787616 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 | County — 25 | Zip — 29 | County — 30

8. This corporation has applied for exemption tax under S. 196.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PABLO R. RODRIGUEZ 136 EAST CITRUS STREET ALTAMONTE SPRINGS, FL 32701	81 Name: RAYMOND RODRIGUEZ 82 Street Address (P.O. Box Number is Not Acceptable): 575 LITTLE RIVER LOOP #353 83 ALTAMONTE SPRINGS, FL 84 City: FL 85 Zip Code: 32714

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: RAYMOND RODRIGUEZ PRESIDENT DATE: 5/1/95
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	PRESIDENT	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	PABLO R. RODRIGUEZ	1.2 NAME	RAYMOND RODRIGUEZ	
STREET ADDRESS	136 EAST CITRUS STREET	1.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	1.4 CITY-ST-ZIP	SAME	
TITLE	VICE-PRESIDENT	2.1 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
NAME	RAYMOND RODRIGUEZ	2.2 NAME	PABLO R. RODRIGUEZ	
STREET ADDRESS	575 LITTLE RIVER LOOP #353	2.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	2.4 CITY-ST-ZIP	SAME	
TITLE	SECRETARY/TREASURER	3.1 TITLE	VICE-PRESIDENT	☐ Change ☒ Addition
NAME	EVA G. RODRIGUEZ	3.2 NAME	THOMAS RODRIGUEZ	
STREET ADDRESS	136 EAST CITRUS STREET	3.3 STREET ADDRESS	3481 SOUTH ST. LUCIE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	3.4 CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

SP5/1

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)(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: X RAYMOND RODRIGUEZ 5/1/95 (407) 830-8904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #