

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

DOCUMENT # J58556 (8)

1. Corporation Name
CONCEPT ONE ENTERPRISES, INC.



Principal Place of Business: ~~136 EAST CITRUS STREET~~
~~ALTAMONTE SPRINGS FL 32701~~
~~US~~

Mailing Address: **575 LITTLE RIVER LOOP #353**
ALTAMONTE SPRINGS FL 32714
US

3. Date Incorporated or Qualified 02/20/1987	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2787616	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1215 SEMINOLA BLVD.	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 14B	27
City & State	City & State
23 CASSELBERRY, FL	28
Zip	Country
24 32707	25 USA
	29
	30

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, RAYMOND	1.2 NAME	RAYMOND RODRIGUEZ
STREET ADDRESS	136 EAST CITRUS STREET	1.3 STREET ADDRESS	575 LITTLE RIVER LOOP #353
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, PABLO	2.2 NAME	THOMAS RODRIGUEZ
STREET ADDRESS	575 LITTLE RIVER LOOP #353	2.3 STREET ADDRESS	400 ABBEYWOOD ROAD
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	2.4 CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, EVA G	3.2 NAME	EVA G. RODRIGUEZ
STREET ADDRESS	136 EAST CITRUS STREET	3.3 STREET ADDRESS	136 EAST CITRUS STREET
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, THOMAS	4.2 NAME	
STREET ADDRESS	3431 SOUTH ST LUCIE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, changed, or on an attachment with an address.

SIGNATURE: **RAYMOND RODRIGUEZ** 4/18/96 407 296-7750

CR2E034 (12/95)