

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

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FILED

97 JUL 25 AM 10: 27

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997



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
~~1215 GEMINOLA BLVD~~
~~STE 145~~
~~CASSELBERRY FL 32707~~
~~US~~

Mailing Address
~~675 LITTLE RIVER LOOP #960~~
~~ALTAMONTE SPRINGS FL 32714~~
~~US~~

3. Date Incorporated or Qualified **02/20/1987** 3a. Date of Last Report **04/22/1996**

2. Principal Place of Business
21 **513 OAK LANE**
Suite, Apt. #, etc.

22
City & State
23 **MAITLAND, FL**

24 **32761** 25 **USA**

2a. Mailing Address
26 **513 OAK LANE**
Suite, Apt. #, etc.

27
City & State
28 **MAITLAND, FL**

29 **32761** 30 **USA**

4. FEI Number **59-2787616** Applied For Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
RODRIGUEZ, RAYMOND
675 LITTLE RIVER LOOP
#950
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent
81 Name **RAYMOND RODRIGUEZ**
82 Street Address (P.O. Box Number is Not Acceptable)
513 OAK LANE
83
84 City **MAITLAND** FL 85 Zip Code **32761**

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, RAYMOND	
STREET ADDRESS	675 LITTLE RIVER LOOP STE 950	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, THOMAS	
STREET ADDRESS	575 LITTLE RIVER LOOP #353	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, EVA G	
STREET ADDRESS	136 EAST CITRUS STREET	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32702	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, THOMAS	
STREET ADDRESS	401 SOUTH ST LUCIE DRIVE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RODRIGUEZ, RAYMOND	
1.3 STREET ADDRESS	513 OAK LANE	
1.4 CITY-ST-ZIP	MAITLAND, FL 32761	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RODRIGUEZ, THOMAS	
2.3 STREET ADDRESS	136 EAST CITRUS STREET	
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32702	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RODRIGUEZ, EVA G.	
3.3 STREET ADDRESS	136 EAST CITRUS STREET	
3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32702	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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****165.00 ****165.00

14. I do 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 _____

CR2E034 (4/97)

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Concept One Enterprises, Inc.

General Contractors CGC 038677
513 Oak Lane
Maitland, FL 32751

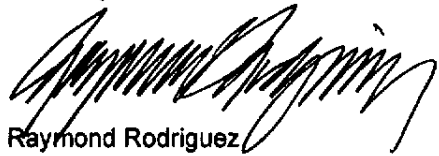
July 21, 1997

Division of Corporations
Attn: Annual Reports
P.O. Box 6327
Tallahassee, FL 32314-6327

To whom it may concern:

Pursuant to my telephone conversation with your department on Monday, July 14, 1997, this letter is to confirm that I did not receive the 1997 Profit Corporation Annual Report Packet (First Notice) this year. Per your department's instructions, I am forwarding the amended report including a check in the amount of \$165.00. Thank you.

Sincerely,



Raymond Rodriguez
President
Concept One Enterprises, Inc.