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 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L40003** **(0)**

1. Corporate Name
CONCEPT MANIPULATION, INC.

Principal Place of Business
15201 LOCH ISLE DR WEST
MIAMI LAKES FL 33014

Mailing Address
15201 LOCH ISLE DR WEST
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1989
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
State Agt. # — 22
State Agt. # — 27
City & State — 23
City & State — 28
Zip — 24 County — 25
Zip — 29 County — 30

4. FEI Number: 65-0206120
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. The corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
TOBER, JOHN E. PA
2666 TIGERTAIL AVE
STE 106
COCONUT GROVE FL 33133

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 Section [illegible] 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 [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE D NAME WOLFE, CLIFFORD ADDRESS 15201 LOCH ISLE DR W CITY, ST MIAMI LAKES FL	
TITLE NAME ADDRESS CITY, ST	
TITLE NAME ADDRESS CITY, ST	
TITLE NAME ADDRESS CITY, ST	
TITLE NAME ADDRESS CITY, ST	
TITLE NAME ADDRESS CITY, ST	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ADDRESS CITY, ST	☐ Change ☐ Addition
TITLE NAME ADDRESS CITY, ST	☐ Change ☐ Addition
TITLE NAME ADDRESS CITY, ST	☐ Change ☐ Addition
TITLE NAME ADDRESS CITY, ST	☐ Change ☐ Addition
TITLE NAME ADDRESS CITY, ST	☐ Change ☐ Addition
TITLE NAME ADDRESS CITY, ST	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is substantially identical and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with any changes or additions with an address.

SIGNATURE: C Wolf — Clifford Wolf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95
DATE

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