FILE.NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # F9400006138 (1) 1. Corporation Name						
CONCEPT XXI, INC.						
Principal Place of Business Mailing Address						
3681 S. GREEN RD. #306 CLEVELAND OH 44122 GLEVELAND OH 44122 GLEVELAND OH 44122						
				12/01/1994	03/07/1995	
2. Principal Place of Business 2a. 1		2a. Mailing Address		4. FEI Number 34-1297063	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financhia	\$5.00 May Be	
23		28		Trust Fund Continuation Added to Fees		
Zip	Country	Zip	Country	This corporation has liability for intangible Florida Statutes Yes No	tax under s 199.032,	
24	25	29 Registered Agent	30	10. Name and Address of New Registere	d Agent	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name						
WOZNIAK, JOHN A B2 Stre				Additions (P.O. Box Number is Not Acceptable)		
22213 W. NEWBERRY RD.			83	83		
	RRY FL 32669				B5 Zip Code	
			84 City	F		
11. Pursuant to or registere familiar wit	o the provisions of Sections 607.0502 and agent, or both, in the State of Flondah, and accept the obligations of, Section	and 607.1508, Florida Statule a. Such change was authoriz on 607.0505, Florida Statutes	es, the above-named corpor ed by the corporation's boar	ation submits this statement for the purpose of c rd of directors. I hereby accept the appointment	changing its registered office as registered agent. I am	
SIGNATURE			TE: Registered Agent signature require			
12.	Signature, typed or printed name of registered agent a OFFICERS AND	12 515 11 644 15-1	13.	ADDITIONS/CHANGES TO OFFICERS AT		
TITLE	CP	☐ DELETE	1. 1 TITLE		Change	
NAME	Kaplan, irving L		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEVELAND OH 44122	E DE ETC	14 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	2 1 TITLE 2.2 NAME			
NAME			2.3 STREET ADDRESS			
STREET ADDRESS			2.4 CITY-ST-ZIP			
DITY-ST-ZIP		DELETE	3 1 TITLE		ChangeAddition	
NAME			3 2 NAME			
STREET ADDRESS			3.3. STREET ADDRESS	•		
CITY-ST-ZIP			3 4 CITY - ST - ZIP			
TITLE		DELETE	4 1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP		Change C Addition	
TITLE		DELETE	5. 1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS	1		5.3 STREET ADDRESS		e e	
CITY-S1-ZIP		DELETE	5.4 CITY - ST - ZIP	many arms arms arms are supply arms	≈ 🕞 🖫 Sprange 🔲 Addition	
TITLE			6 1 TITLE	5000017537 -03/22/9601012	024	
NAME	1		6.2 NAME	-03/22/9b01012	UCT	
STREET ADDRESS			63 STREET ADDRESS	***200.00		
CITY-ST-ZIP	l Control Visit in	an this films is unlustarily from	6.4 CiTY - ST-ZIP	for the exemption stated in Section 119.07(3)(k),	Florida Statutes, I further	

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 turner 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 outh; that I am an officer or director of the corporation or the receiver or trusting empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 inchanged, or on an attachment with an agrees.

SIGNATURE: