FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

F94000006138 (1) DOCUMENT #

CONCEPT XXI, INC.

FILED Feb 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							1 1000
3681 S. GRE		3681 S. GREEN RD. #306					
CLEVELAND	OH #4155	CLEVELAND OH 44122		DO NOT WRITE IN THIS SPACE			
<u> </u>					3. Date Incorporated or Qualified		
1					12/01/1994		
2. Principal P	lace of Business	2a. Mailing Address	a. Mailing Address		4. FEI Number	Apr	olied For
21 26		26			34-1297063	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
27			·		o, solubate of states sound	Fee Rec	`
City & Stat	<u>├</u>				6. Election Campaign Financing	\$5.00	
23 Zip	Country	28 Zip	Zip Countr		Trust Fund Contribution	Added to	
24	25	——————————————————————————————————————	30		8. This corporation owes or has paid the corporate Property Tax due June 30.		No No
67	9. Name and Address of Curre		1		10. Name and Address of New Registered		
WC	ZNIAK, JOHN A		81	Name			
22213.W. NEWBERRY RD.				Ctrool A	ddress (P.O. Box Number is Not Acceptable)		
NEWBERRY FL 32669			82	Street A	ddiess (F.O. Box Number is Not Acceptable)		
		83					
			84	City		85 Zip C	odo -
1			04	City	FI	85 Zip C	Ode
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							
office of 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							
				ent signature re	equired when reinstating) DATE	D DIDECTORS	
12.	CP OFFICERS AN	DELETÉ	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
NAME	KAPLAN, IRVING L		1.2 NAME				La riddition
STREET ADDRESS	3681 S. GREEN RD. #306		1.3 STREET	AUDBESS			
CITY-ST-ZIP	CLEVELAND OH 44122		1.4 City-St-ZiP				
TITLE			2.1 TITLE			Change	Addition
NAME			22 NAME				
STREET ADDRESS			2 3 STREET	ADDRESS			
CITY-ST-ZIP			2 4 CiTY-	ST-ZIP			
TITLE		☐ DELETE	31 TITLE			Change	Addition
NAME	321		3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP		T an are	3.4. CITY -	ST-ZIP			
TITLE		☐ DELET E	4.1 TITLE	1		L Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP			Change	Addition
NAME			5.1 TITLE			T OHBING	L. AUGINION
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - S				
TITLE		☐ DELETE	6.1 TITLE	11 - 2.11		☐ Change	Addition
NAME		-	6.2 NAME			.— •	
STREET ADDRESS	*		6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S	- 1			
	pertity that the information supplied w	with this filing does not qualify for	-		Lin Section 119 07/3Vi) Florida Statutes I further o	artifu that the is	ntormation

Thereby 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 min address.