

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 308961 (2)
1. Corporation Name
COLONIAL RIDGE CONCORD INC



Principal Place of Business: 5505 NORTH OCEAN BLVD. OCEAN RIDGE FL 33435-4001
Mailing Address: 5505 NORTH OCEAN BLVD. OCEAN RIDGE FL 33435-4001

2. Principal Place of Business
21 Sube, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Sube, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: 09/12/1966
3a. Date of Last Report: 02/09/1995
4. FEI Number: 59-1319280
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
KINSMAN GLENN
5505 N OCEAN BLVD
CONCORD BLDG #205
OCEAN RIDGE FL 33435

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 Sections 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: PD
NAME: KINSMAN, GLENN
STREET ADDRESS: 5505 NORTH OCEAN BLVD.
CITY-STATE-ZIP: OCEAN RIDGE FL
 DELETE
TITLE: VD
NAME: WARDLAW, GEORGE
STREET ADDRESS: 5505 NORTH OCEAN BLVD.
CITY-STATE-ZIP: OCEAN RIDGE FL
 DELETE
TITLE: STD
NAME: KINSMAN, MADELINE
STREET ADDRESS: 5505 NORTH OCEAN BLVD.
CITY-STATE-ZIP: OCEAN RIDGE FL
 DELETE
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-STATE-ZIP:
21 TITLE: VD
22 NAME: INGHAM, GRANT
23 STREET ADDRESS: 5505 NORTH OCEAN BLVD.
24 CITY-STATE-ZIP: OCEAN RIDGE FL
 Change Addition
31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-STATE-ZIP:
41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-STATE-ZIP:
51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-STATE-ZIP:
61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY-STATE-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)(a), 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, as changed.

SIGNATURE: *Glenn R. Kinsman* Pres. 3-1396 407-737-7221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Glenn R. Kinsman SG 3-20-96

CR2E034 (12/95)