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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	1000	DIVISION OF	CORPORATIONS					
DOCUN 1. Corporation	JENT #	414341	(8)						
•		IOUSING CONC	CEPTS, INC.						
Principal Place	of Business		Mailing Address		1 (0.6/3/ 0/00/ 6/0/) 0/6/0/ 0/1//	JOI BEOL CAREL CIO	it Bugu Bugu	EIER BAUR IOD	
2665 S. BAY	SHORE DR		2665 S. BAYSHORE	DR					
M-103 COCONUT G	ROVE FL 33133		M-103 Coconut Grove Fi	L 33133		T25			<b>~</b> 1
					3. Date Incorporated or Oualified 12/08/1972		of Last He 3/16/199		
2. Principal Pla	ice of Business		2a. Mailing Address		4. FEI Number			Applied For	-
21		·	26		59-1434017			Not Applicable	]
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional Required	
City & State			City & State		6. Election Campaign Financing	<u> </u>	\$5.00	May Be	
Zip		ountry	Zip	Country	Trust Fund Contribution  8. This corporation has liability for	دمة مامانم محقمة		to Fees	-
24	25	Odnay	29	30		intangibie ta∂ s ∏No	t brider s	199.032,	
	9. Name and	Address of Current	Registered Agent		10. Name and Address of New	Registered A	gent		1
0100 1	mialla a			81 Name					
-	RWIN S.	<b>.</b>		82 Street Add	ress (P.O. Box Number is Not Accepta	ble)			
2665 S. BAYSHORE DR M-103				83					1
COCONUT GROVE FL 33133				84 City		··- ··-	<b>85</b> Zip	Code	-
44 6		007.05.00	1007 1500 57 11 01 1			FL			-
11. Pursuant to or registere	o the provisions of ed agent, or both,	Sections 607.0502 a in the State of Florida	nd 607.1508, Florida Statu Such change was authori	tes, the above hamed corpored by the corporation's boa	ration submits this statement for the purel of directors. Thereby accept the ap-	urpose of cha pointment as i	nging its re registered	agistered office agent. Lam	
	n, and accept the	obligations or, Section	n 607.0505, Florida Statule	δ.					
SIGNATURE	Signature, typed or printe	dinamic of registered agent as		OTE: Blogistered Agent signature requir		SATE			(c
12.	PD	OFFICERS AND	DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OF		DIRECTOR	RS IN 12 Addit on	CR2F034 (12/95)
NAME	GARS, IRWI	N S.		1.2 NAME			_ consenge		2
STREET ADDRESS		SHORE DR M103	ł	1.3 STREET ADDRESS					غ ايا
CHY SI-ZIP	COCONUT	GROVE FL	F71 pri 576	14 CITY - S* - Z/O				<b>—</b> 1449	բ
TIFLE	VD Dixon, roe	EOT	DELETE	2 1 TITLE 22 NAME		L	] Change	☐ Addition	
NAME STREET ADDRESS		'SHORE DR M103	<b>.</b>	2.3 STREET ADDRESS					
CITY - ST - 7IP	COCONUT			2.4 CI1Y-S1-ZIP	. ,				
TITLE	STD	14.430	[] DEFEIF	3 1 THUE			Change	Addition	
NAME CINICI ADDOCCO	GARS, DIAN	ine Yshore dr M103	1	3 2 NAME 3 3. STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	COCONUT		•	3.4 CHY ST-ZIP					
TITLE			DELETE	4 1 TIT: F			Change	☐ Addition	
NAME				4.2 NAME					
STREET ADDRESS				4.3 STREET ADDRESS					
OTY-ST-ZAP THILE			DELETE	4.4 CITY ST ZIP			Change	Addition	1
NAMÉ				5.2 NAME					
STREET ADDRESS				5.3 STREET ADDIFIESS					
CITY - ST - ZIP			DELETE	5.4 CHY-S1-Z07 6.1 THE		····	Change	Addition	-
TITLE NAME				6 2 NAME		L	T ournings	Addition	
STREET AUDRESS				G 3 STREET ADORESS					
CITY - ST - ZIP				6.4.CITY_ST-7IF					
certify that	the information in	oigáted on this annua	l report or supplemental an	nual report is true and accur	for the exemption stated in Section 11 ate and that my signature shall have the	e same legal i	effect as if	made under	
oath; that I appears in	l am an officer or s Block 12 or Block	frector of the corpora 13 if changed, or on	ation or the receiver or trust an attachment/with an add	ee empowered to execute these.	nis report as recjuired by Chapter 607, I	· Iorida Statute	s; and tha	it my name	
	_/		land bear	(REXIDENT	3/22/1/21	1300	-FVA	4-6661	
SIGNAT	UHE: _" sid	NATURE AND TYPED OR F	PRINTED NAME OF SIGNING OFFIC		196	) ·	a, time Prione 4		
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