

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **654700** (4)

1. Corporation Name
AVANT CONCEPTS, INC.



Principal Place of Business: **3200 SOUTH OCEAN BLVD. SUITE C-104 PALM BEACH FL 33480**
Mailing Address: **3200 SOUTH OCEAN BLVD. SUITE C-104 PALM BEACH FL 33480**

3. Date Incorporated or Qualified: **02/04/1980**
3a. Date of Last Report: **04/04/1995**
4. FET Number: **58-1388355**
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

**LA GAMBA, ANTHONY, JR.
3200 SOUTH OCEAN BLVD.
SUITE C-104
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81. Name; 82. Street Address (P.O. Box Number is Not Acceptable); 83.; 84. City; 85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.0508, 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, Sections 607.0505, Florida Statutes.

SIGNATURE

Anthony La Gamba
ANTHONY LA GAMBA 1/29/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LA GAMBA, ANTHONY	
STREET ADDRESS	3200 S OCEAN BLVD C104	
CITY-STATE-ZIP	PALM BEACH, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LA GAMBA, ELEANOR	
STREET ADDRESS	3200 S OCEAN BLVD C104	
CITY-STATE-ZIP	PALM BEACH, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LAGAMBA-HIMMEL, MICHELE	
STREET ADDRESS	444 E 86TH ST	
CITY-STATE-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, if 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 an address.

SIGNATURE: *Anthony La Gamba*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

Daytime Phone #

CR2E034 (12/95)