FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718869 (1)

1. Corporation Name

OPERATION CONCERN, INC.

Principal Place of Business	Mailing Address
8543 BOYNTON BCH. BLVD. BOYNTON BCH. FL 33437 US	8543 BOYNTON BCH. BLVD. BOYNTON BCH. FL 33437 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1970
3a. Date of Last Report: 05/23/1994
4. FEI Number: 59-1346618 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 8543 Boynton Bch. Blvd.	26 [illegible]
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Boynton Bch. Fl. 3347	28 City & State
24 33409	29 Zip
25 P. Bch.	30 Country

9. Name and Address of Current Registered Agent

WILCOX, LINFORD REV
327 CORDOVA ROAD
WEST PALM BEACH FL

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 607.0502 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Linford C. Wilcox — Linford C. Wilcox — 2/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☑ Addition
NAME	WILCOX, LINFORD C	1.2 NAME	Frank Molnari
STREET ADDRESS	8543 BOYNTON BCH BLVD.	1.3 STREET ADDRESS	3 3/4 Virginia St.
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	Miami Fl. 33133
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCLURE, MIKE R EV	2.2 NAME	
STREET ADDRESS	4004 LK IDA ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	RILEY, BUD	3.2 NAME	
STREET ADDRESS	K1 BRINY BREEZES	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	COX, ETHEL	4.2 NAME	
STREET ADDRESS	327 CORDOU RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SHIELE, WILLIAM REV	5.2 NAME	
STREET ADDRESS	2341 S. MILITARY TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH. FL 33406	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	WILCOX, ARTIST	6.2 NAME	
STREET ADDRESS	327 CORDOVA RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	6.4 CITY-ST-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)(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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3-14-95 (407) 276-4857
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OFFICER OR DIRECTOR — Date — Daytime Phone #

Delbert A. Riley, Jr.