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

DOCUMENT #
1. Corporation Name

(9)

FILED Apr 09 1998 8:00am Secretary of State

Marian (CONCEPT	S LTD., INC.										
Principal Place of Business Mailing Address									1 50 05190 1110 1100; 15001 61518 10111 01	EL BIDII GEDIL	OFOIL DIRECTOR	8401 [0]
6733 PALERMO WAY 6733 PALERMO WAY												
LAKE WORTH FL 33467 LAKE WORTH FL 33467									DO NOT WRITE	IN THIS S	PACE	
İ								3.	Date Incorporated or Qualified		T ACL	
								-	03/02/1981			
2. Principal Place of Business				2a. Mailing Address				4.	FEI Number		A	pplied For
21		26	26					59-2070775		N	ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6	Certificate of Status Desired		•	Additional
22		27	City & State								equired	
City & State			<u> </u>				6.	Election Campaign Financing			May Be	
Zip Country				Zip Country				1	Trust Fund Contribution			to Fees
24	-		29		30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Curre								10. Name and Address of New Registered Agent				
GREE	N, MARIAN					81	Name					
	PALERMO \			82 Street Ad			ress (P.O. Box Number is Not Acceptable)					
	WORTH FL			GE SILEBI ACI			/03 (i	.O. Box Humber to Not Absoptat				
. –				B3								
						84	City				85 Zip	Code
·							•			<u>FL</u>	11	
11. Pursuant to t	the provisions istered agent.	of Sections 607.056 or both, in the State	02 and 60 e of Florid:	7.1508, Florida Statu a. Such change was	tes, the al authorize	bove d by	-named corporation	oration on's b	n submits this statement for the poard of directors. I hereby acce	ourpose of ot the appo	changing i pintment as	ts registered registered
agent. I am i	familiar with, a	and accept the obliq	jations of,	Section 607.0505, FI	orida Stat	utes						
SIGNATURE	Talian kanadara	onted name of registered au			76 Bi-t		nt signature required	<i></i>		DATE		
12.	maturu, typiod or pr	OFFICERS AN			13.	а жув	ur signature reciones		ADDITIONS/CHANGES TO OFFIC		DIRECTO	9S IN 12
	DΡ			DELETE	1.1 Ti	TLE					Change	Addition
NAME	NAME GREEN, MARIAN				1.2 NAME							
	(0.00			1.3 STREET ADDRESS			ADDRESS					
CITY-ST-ZIP LAKE WORTH, FL 00000					1.4 CITY - ST - ZIP							
TITLE				DELETE	2 1 TI	TLE					Change	Addition
NAME					22 N	AME						
STREET ADDRESS							ADDRESS					
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TITLE NAME				□ Officit	3.1 Tr						L Change	Munition
STREET ADDRESS					3.2 N/		ADORESS				*	
1							ADURESS IT-ZIP					į
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NAME				-	4. 2 N		1					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					•	TY- \$1	\ \ \			-		
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NAME					52 N/	AME						
STREET ADDRESS					5.3 S1	REET	ADDRESS					
CITY-ST-ZIP						TY - <u>\$1</u>	T-ZIP					
TITLE				DELETE	6.1 TI	TLE					Change	Addition
NAME												
STREET ADDRESS					6.2 NA		ļ					Į
CITY-ST-ZIP					1		ADDRESS					l

Indicated on this annual report or supplied with his filling does not quality for the exemption stated in Section 119.07(3)(i), Horida diatoles. Flurrier certify that the mortance indicated on this annual report or suppliemental 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, over an attachment with an address.