## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-\$T-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental annual report is true and according or director of the corporation or the receiver or trustee empowered year.

Block 12 or Block 13 if changed, or on an attachment with an address.

FILED **PROFIT** Jun 18 1998 8:00am ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # F26734 (6)CONCORDE BROKERAGE CORPORATION Principal Place of Business Mading Address 619 E. ORANGE 8T. 619 E. ORANGE ST. LAKELAND FL 33807 LAKELAND FL 33807 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/16/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2084553 Not Applicable 21 26 Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired M Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zio Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
Yes
No 24 25 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 FURNELL, WILLIAM P. 3320 EWELL ROAD 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33803 83 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 Signature, typed or printed name of regularized agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE PREVATT, GEORGIA NAME 1.2 NAME 4511 NESMITH RAOD STREET ADDRESS 1.3 STHEFT ADDRESS PLANT CITY, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP DEL ETE Change Addition TITLE 2.1 TITLE FURNELL, W.P. NAME 2.2 NAME 3320 EWELL RD. STREET ADDRESS 2.3 STREET ADDRESS **La**keland fl CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 1ITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIF DELETE Addition TITLE Change 6.1 THILE NAME **6.2 NAME** STREET ADDRESS 6.3 STREET ADDRESS

6.4 City - ST - ZIP

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information like and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in