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

## PROFIT



COR ANNL	PROFIT PPORATION JAL REPORT 1997	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of State		97 8:00am y of State
DOCUMENT # F38192 (3) EXECUTIVE FINANCIAL CONCEPTS, INC.  Principal Place of Business  16336 NW 11 STREET PEMBROKE PINES FL 33028 US  Mailing Address  16336 NW 11 STREET PEMBROKE PINES FL 33028 US				3. Date Incorporated or Qualified 3a. Date of Last Report	
2. Principal P 21 Suite, Apt. 22	ace of Business #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.		07/20/1981 4. FEI Number 59-2136519 5. Certificate of Status Desired	05/01/1996  Applied For Not Applicable  \$8.75 Additional Fee Required
City & State 23 7:p 24	Country 25  9. Name and Address of Cu	City & State 28 Zip 29	Country .	6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for in Florida Statutes  10, Name and Address of New Reg	\$5.00 May Be Added to Fees tangible tax under s. 199.032, Yes \( \sum \) No
1633 PEM	egistered agent, or both, in the S	State of Florida. Such change was au	83 84 City s, the above-named corruthorized by the corpora	ress (P.O. Box Number is Not Acceptable coration submits this statement for the pution's board of directors. I hereby accept	FL 85 Zip Code
SIGNATURE	Signation type disciplined name of equipment OFFICERS	AND DIRECTORS	ida Statutes.  Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
NAME STREET AUDRESS CITY ST-ZE	PD Klein, Harris L. 16336 NW 11TH STREET PEMBROKE PINES FL	L] DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	•	RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
MHEF NAME STREET ADDRESS CITY-SE ZIP	VD KLEIN, MICHAEL L. 9721 KENDALE BLVD. MIAMI FL 33178	□] DEL€TE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change Addition O
THILF NAME STREET ADDRESS CITY ST-ZIP	STD KLEIN, SHIRLEY S. 16336 NW 11TH STREET PEMBROKE PINES FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change Addition
THEE NAME STREET ADURESS CITY: ST-ZU:		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 1.4.4 CITY - ST - ZIP		Change Addition
THE NAME STREET ADDRESS COTY-SU-ZIP		DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
TOTE NAME STREET ADDRESS		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition

64 City St-78

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attach field with an address.

SIGNATURE: ^

**FILED**