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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnami

Socretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # F58910 (3)							
	R CONCEPTS, INC.				 	<b>ia</b> n birn ribik i	Niāda ātā ir ātā prādāti rijat
Principal Place	e of Business	Mailing Address					
16909 CAMILE ST. HUDSON FL 34667 US		16809 CAMILE ST. HUDSON FL 34667					
00		US			3. Date Incorporated or Qualified 12/17/1981		of Last Report <b>29/1995</b>
	lace of Business	2a. Mailing Address			4. FEI Number	12/	Applied For
Suite, Apt.	# elc	Cuito Act & cts			59-2144330		Not Applicable
2	#, CIG	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & Stat	e	Oty & State		-,	6. Election Campaign Financing	·	\$5.00 May Be
3		28		<del>-</del>	Trust Fund Contribution		Added to Fees
Ζφ <b>4</b>	Country 25	[Zιρ [ <b>29</b> ]	Country		8. This corporation has liability for		under s. 199.032,
<u></u>	9. Name and Address of Cur		30		Florida Statutes Yes  10. Name and Address of New F	No Negistered A	deni
			81	Name	THE THE PARTY OF T	legistered A	yent
ALFORD, DALE F. 108809 CAMILLE ST HUDSON FL 34867			82	Street Addres	s (P.O. Box Number is Not Acceptat	ole)	<del></del>
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nuusut	N FL 3406/		83				
			84	Örty		FL	85 Zip Code
or register familiar wi	ith, and accept the obligations of S	IONUR. SUCH Change Was authory Zelug 607 0606. Chairt Status.	red by the corpora	ation's board	on submits this statement for the pur of directors. I hereby accept the app	ointment as re	egistered agent. Lam
familiar wi	ith, and accept the obligations of S Syndric typetological neurologicals a	ientron 607.0505, Florida Statute	He figure dispersed	ITON'S BOOKI	or directors. I hereby accept the app	ointrieet as ri	egistered agent. I am
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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, Fiorida Statutes. Further 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, Fiorida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF STANING OFFICE OR DIRECTOR