

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000003864 (5)**

1. Corporation Name

CONCORD STUART, INC.



Principal Place of Business

Mailing Address

**1061 E. INDIANTOWN RD.
REYNOLDS PLAZA (S-410) (410)
JUPITER FL 33477
US**

**1061 E. INDIANTOWN RD.
REYNOLDS PLAZA (S-410) (410)
JUPITER FL 33477
US**

2. Principal Place of Business

2a. Mailing Address

21 same as above

26 same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 S-410

27 S-410

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/25/1994

3a. Date of Last Report
04/28/1995

4. FEI Number
65-0447105

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**MALM, RITA H
1300 SO. A1A & OCEAN WAY (#315)
JUPITER FL 33477**

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

Signature typed or printed name of registered agent (if this is applicable)

Signature typed or printed name of new registered agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change ☐ Addition

TITLE **PD**
NAME **HALM, RITA H**
STREET ADDRESS **1300 SO. A1A & OCEAN WAY (S-315)**
CITY-ST-ZIP **JUPITER FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

MALM (NOT HALM) Correction

TITLE **VDT**
NAME **MALM, ROBERT J**
STREET ADDRESS **1300 SO A1A & OCEAN WAY (#315)**
CITY-ST-ZIP **JUPITER FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RITA H. MALM
RITA H. MALM

4/22/96

407-7436256

CR2E034 (12/95)