

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000005115 (8)

1. Corporation Name
CONCIERGE AMERICA CORP.

Principal Place of Business
7512 DR. PHILLIPS BLVD., #50287
ORLANDO FL 32819

Mailing Address
7512 DR. PHILLIPS BLVD., #50287
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/03/1996
3a. Date of Last Report

4. FEI Number 33-0657571
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 7512 Dr. Phillips Blvd.
Suite, Apt. #, etc. 22 50 Bof 287
City & State 23 Orlando FL
Zip 24 32819 Country 25 U.S.A.
2a. Mailing Address
26 7512 Dr. Phillips Blvd.
Suite, Apt. #, etc. 27 Suite 50 Bof 287
City & State 28 Orlando FL
Zip 29 32819 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

REESE, JAMES A
6334 GREENGROVE CT.
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name Reese, James A.
82 Street Address (P.O. Box Number is Not Acceptable) 8730 Southern Breeze Dr.
83
84 City Orlando FL 85 Zip Code 32836

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 James A. Reese
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 7/15/97

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	REESE, JAMES A	
STREET ADDRESS	6334 GREENGROVE CT.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REESE, CYNTHIA A	
STREET ADDRESS	6334 GREENGROVE CT.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James A. Reese	
1.3 STREET ADDRESS	8730 Southern Breeze Dr	
1.4 CITY-ST-ZIP	Orlando, FL. 32836	
2.1 TITLE	V.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cynthia A. Reese	
2.3 STREET ADDRESS	8730 Southern Breeze Dr	
2.4 CITY-ST-ZIP	Orlando, FL. 32836	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE James A. Reese 7/15/97

CR2E034 (4/97)