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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F970000 1. Corporation Name CORPORATE CONCEPTS. LIMITED INC. F97000000600 (3)

## **FILED** Apr 14 1998 8:00am Secretary of State

Desired Research Control Toy Entwice Medica Address				
Principal Place of Business	Mailing Address			
15041 DOWNEY RD 15041 DOWNEY RD CAPAC MI 48014 CAPAC MI 48014				
ORFAC MI 40014	ON NO WIL TOOM		DO NOT WRITE IN T	"HIS SPACE
			<ol> <li>Date Incorporated or Qualified 02/03/1997</li> </ol>	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		38-2703221	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	<b>28</b> Zip	Country	8. This corporation owes or has paid th	
24 25	29	30	Personal Property Tax due June 30.	Yes X No
	Current Registered Agent	1901	10. Name and Address of New Registe	
BRACEY, ROBERT		81 Name		
2668 ST JOSEPH DR E #3		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
DUNEDIN FL 34698			moss (i.e. box (tallion is flot) beeplaste)	
		83		
		84 City		85 Zip Code
		1.1.7		FL
<ol> <li>Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE</li> </ol>	e obligations of, Section 607.0505, I	Florida Statutes.	, .	
Signature, typed or printed name of regis		OTE Registered Agent signature requ	9,	ATE
Signature, typed or printed name of regre 12, OFFICE	RS AND DIRECTORS	13.	nred when reinstating)  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
Signature, typed of printed name of reginal transport of the State of		13. 1.1 TITLE	9,	AND DIRECTORS IN 12
Signature: typed of period frame of regis  12. OFFICE  TITLE DCP  BRACEY, ROBERT  6074 FAILE DC	RS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	9,	AND DIRECTORS IN 12
12. OFFICE TITLE DCP NAME BRACEY, ROBERT 5071 JUNE DR ALAMONT AND 490002	RS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	9,	AND DIRECTORS IN 12
12. OFFICE TITLE DCP NAME BRACEY, ROBERT STREET ADDRESS CITY-ST-ZIP ALMONT MI 48003	RS AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	9,	S AND DIRECTORS IN 12 Change Addition
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Thereby certify that the information supplied with this hilling does not qualify for the exemption stated in Section 119-07(3)(t). Florida Statutes. Further certify that the informatio 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 or an attrictiment with an address.

SIGNATURE: