

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90206 015 ***150.00

DOCUMENT # F98000004725

1. Corporation Name
CONCEPTS MARKETING CORP. OF FT. LAUDERDALE

Principal Place of Business
631 TALAVERA RD.
WESTON FL 33326

Mailing Address
631 TALAVERA RD.
WESTON FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1998

4. FEI Number

65-0856584

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 the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 13730 ST. Rd. 84

26

Suite, Apt. #, etc.

22 Suite H

27

Suite, Apt. #, etc.

23 City & State

28

City & State

24 Davie, FL

29

Zip

25

Country

26

Zip

27

Country

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCHESANI, ROBERT A
631 TALAVERA RD.
WESTON FL 33326

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCT
NAME MARCHESANI, ROBERT A
STREET ADDRESS 631 TALAVERA RD.
CITY-ST-ZIP WESTON FL 33326

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

TITLE VVC
NAME BOWEN, HARLEY
STREET ADDRESS 2121 W. OAKLAND PARK BLVD. SUITE 1
CITY-ST-ZIP FT. LAUDERDALE FL 33311

2.1 TITLE V/D
2.2 NAME
2.3 STREET ADDRESS 13730 ST. Rd. 84, Suite H
2.4 CITY-ST-ZIP Davie, FL. 33325

TITLE D
NAME ROTHMAN, MEL
STREET ADDRESS 5232 EARNSCLIFF, MONTREAL P.Q.
CITY-ST-ZIP H3X 215

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

TITLE D
NAME GROSSMAN, MITCH
STREET ADDRESS 2121 W. OAKLAND PARK BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33311

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 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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4-14-99

(954) 349-1192

CR2E034 (11/98)