Mailing Address 1201 US HWY STE 8

PROFIT CORPORATION ANNUAL REPORT

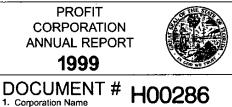
1999

CONCOURSE HOLDINGS CORPORATION

1. Corporation Name

Principal Place of Business

1201 US HWY STE B



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90155 003 ***150.00



CRYSTAL TREE PLAZA NORTH PALM BEACH FL 33408		CRYSTAL TREE PLAZA				DO NOT WRITE IN THIS SPACE				
		NUMIN PALM BEACH PE 334	NORTH PALM BEACH FL 33408			3. Date Incorporated or Qualifed				
						04/23/1984				
2. Principal P	lace of Business	2a. Mailing Address	•		,	4. FEI Number		L	Applied For	
21		26 •				59-2400721			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			5 Additional Required	
City & Stat	е	City & State				6. Election Campaign Financing Trust Fund Contribution		•	00 May Be led to Fees	
Zip	Country	Zip				8. This corporation owes the curr	ent year Inta			
24	25	29 3	0		1	Personal Property Tax.		Yes	₽ JNo	
	9. Name and Address of 0	Current Registered Agent				10. Name and Address of New F	Registered /	Agent		
	·		81	Nar	ne					
	ENSTEIN, MITCHELL		82	Stre	Street Address (P.O. Box Number is Not Acceptable)					
2255 GLADES ROAD SUITE 237W BOCA RATON FL 33431			83							
			84						85 Zip Code	
	,			City			FL	05	L.p 0000	
office or re agent. I a	egistered agent, or both, in the	07.0502 and 607.1508, Florida Statutes State of Florida. Such change was authobligations of, Section 607.0505, Florid	horized by	the co	orporation	's board of directors. I hereby accep	pt the appoir	itment a	s registered	
SIGNATURE	Signature, typed or printed name of registe	ered agent and title if applicable. (NOTE: R	egistered Ager	nt signat	ure required v	when reinstating)	DATE			
12.	OFFICE	RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	PD:	☐ DELÉTE	1.1 TITLE					Char	nge	
NAME	greenside, Keith		1.2 NAME						ļ	
STREET ADDRESS	1201 US HWY 1 STE 8		1.3 STREE		:SS				{	
CITY-ST-ZIP	N. PALM BEACH FL		1.4 CITY-S 2.1 TITLE	T-ZIP				☐ Char	nge Addition	
TITLE	VST	- orter	2.1 IIILE 2.2 NAME						.go	
NAME STREET ADDRESS	KAYE, JUDITH		2.3 STREE	TANNDE	200				ļ	
CITY-ST-ZIP	1201 US HWY 1 STE 8 N. PALM BEACH FL	•	2.4 CITY-5							
TITLE	III. FALMI DEAUTI FL	☐ DELETE	3.1 TITLE		\neg	-		Char	nge Addition	
NAME .		•	3.2 NAMÉ	-	·	•	-	, ,	. [
STREET ADDRESS			3.3 STREE	T ADDRE	ess					
CITY-ST-ZIP			3.4. CITY- 5	ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE				,	Chai	nge	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE		:SS					
CITY-ST-ZIP			4.4 CITY-S 5.1 TITLE	T-ZIP				Cha	nge	
TITLE		□ perete	5.1 MILE 5.2 NAME					i Olla	inge	
NAME STREET ADORESS			5.3 STREE	T ADDRE	ess				, I	
CITY-ST-ZIP			5.4 CITY-S							
TITLE		☐ DELETE	6.1 TITLE		+			[]] Chai	nge	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	T ADDRE	:SS				ł	
CITY-ST-ZIP			6.4 CITY-S	T-ZIP			•			

or 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 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 on or the feetiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or of attachment with an address, with all other like empowered. indicated on this annual report or supplied officer or director of the co-Block 12 or Block 13 if che

561-626-9000