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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H10235 (0)

1. Corporation Name

CONTEMPORARY MANAGEMENT CONCEPTS, INC.

Principal Place of Business

4121 NW 37TH PLACE
STE. B
GAINESVILLE FL 32606
US

Mailing Address

4121 NW 37TH PLACE
SUITE B
GAINESVILLE FL 32606-6179
US

3. Date Incorporated or Qualified
06/27/1984

3a. Date of Last Report
02/28/1996

2. Principal Place of Business

21. 5800 NW 39th Ave

Suite, Apt. #, etc.

22. Suite 104

City & State

23. Gainesville FL

Zip

24. 32606

Country

25. US

2a. Mailing Address

26. 5800 NW 39th Ave

Suite, Apt. #, etc.

27. Suite 104

City & State

28. Gainesville FL

Zip

29. 32606

Country

30. US

4. FEI Number

59-2446722

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

9. Name and Address of Current Registered Agent

MACLEOD, DEBORAH E.
4121 NW 37TH PLACE
SUITE B
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME
MACLEOD, DEBORAH E.
STREET ADDRESS
4121 NW 37TH PLACE, STE. B
CITY-ST- ZIP
GAINESVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST- ZIP

5800 NW 39th Ave. Ste 104
Gainesville FL 32606

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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:

Deborah E. Macleod

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97

Date

352-375-4811

Daytime Phone #

CR2E034 (9/96)