


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

FILED
Mar 10 1998 8:00am
Secretary of State

<div>PROFIT CORPORATION ANNUAL REPORT 1998</div> <div></div>		<div>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</div>		<div>Mar 10 1998 8:00am Secretary of State</div>	
<div>DOCUMENT # H10235 (0) 1. Corporation Name CONTEMPORARY MANAGEMENT CONCEPTS, INC.</div>					
<div>Principal Place of Business 5800 N.W. 39TH AVE. SUITE 104 GAINESVILLE FL 32606 US</div>		<div>Mailing Address 5800 N.W. 39TH AVE. SUITE 104 GAINESVILLE FL 32606 US</div>		<div>DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/27/1984 4. FEI Number 59-2446722 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>	
<div>2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24</div>		<div>2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29</div>		<div>30 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</div>	
<div>9. Name and Address of Current Registered Agent MACLEOD, DEBORAH E. 4121 NW 37TH PLACE SUITE B GAINESVILLE FL 32606</div>		<div>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 _____ (NOTE: Registered Agent signature required when reinstating)</div>			
<div>12. OFFICERS AND DIRECTORS TITLE P NAME MACLEOD, DEBORAH E. STREET ADDRESS 5800 N.W. 39TH AVE., SUITE 104 CITY-ST-ZIP GAINESVILLE FL</div>		<div>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE VP 2.2 NAME KAREN POWELL 2.3 STREET ADDRESS 6504 NEALE ROAD, MELROSE, FL. 32666 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</div>			
<div>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. SIGNATURE: Deborah E. Macleod</div>					

CR2E034 (10/97)