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FILED  
Apr 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # H27628

(7)

1. Corporation Name

CONCEPT FOUR REALTY, INC.



Principal Place of Business

257 S.W. PORT ST. LUCIE BLVD..  
PORT ST LUCIE FL 34983

Mailing Address

257 S.W. PORT ST. LUCIE BLVD..  
PORT ST LUCIE FL 34983

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1984

4. FEI Number

59-2462829

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PETRUZZELLI, PHIL  
257 SW PORT ST. LUCIE BLVD.,  
VICTORIA ST.,  
PORT ST LUCIE FL 34953

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

*Phil Petruzzelli*  
Signature, typed or printed name of registered agent and title if applicable

*Phil Petruzzelli*  
(NOTE: Registered Agent signature required when reinstating)

*3/29/98*  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME PETRUZZELLI, PHIL  
STREET ADDRESS CATES CIRCLE  
CITY - ST - ZIP PORT ST LUCIE FL

TITLE ☐ DELETE

ST  
NAME PETRUZZELLI, MARILYN  
STREET ADDRESS CATES CIRCLE  
CITY - ST - ZIP PORT ST LUCIE FL

TITLE ☐ DELETE

V  
NAME DI CLEMETTE, RENE  
STREET ADDRESS 249 SE WATERS TERR  
CITY - ST - ZIP PORT ST LUCIE 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

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

*V*  
*DiClemente Rene*  
*5602 SW Sunshine Farms*  
*Palm City FL 34990*

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

*[Signature]*  
*3/29/98*  
*561-879-*

CR2E034 (10/97)