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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H37056

**CONCEPT FINANCIAL CORPORATION** 

(9)

## **FILED** Feb 11 1997 8:00am Secretary of State

| Principal Place of Business Mailing Address         |   |  |            |            |  |  |   | IBIT BIBIT B1811        | E1811 1981   |
|---|---|--|------------|------------|--|--|---|-------------------------|--------------|
| 8541 NORTH 33RD TERRACE<br>HOLLYWOOD FL 33021<br>US |   | 3541 NORTH 33RD TERRACE<br>HOLLYWOOD FL 33021-2501<br>US |            |            |  |  |   |                         |              |
|   |   | •  |            |            |  | 3. Date Incorporated or Qualified 01/08/1985 |   | te of Last R<br>26/1996 | eport        |
| 2. Principal P                                      | lace of Business  | 2a. Mailing Address                                      |            |            |  | 4. FEI Number                                |   | Ar                      | plied For    |
| 21  |   | 26   |            |            |  | 59-2436764                                   | <del></del>                             |                         | t Applicable |
| Suite, Apt  |   | Suite, Apt. #, etc.                                      |            | _          |  | 5. Certificate of Status Desired             |   | \$8.75 /<br>Fee Re      |              |
| City & Stat   | e   | City & State   |            |            | 6. Election Campaign Financing \$5.00 May Be   |  |   |                         |              |
| 23  | Country   | 28   |            |            | Trust Fund Contribution Added to Fees  |  |   |                         |              |
| Zip 24  | Country 25  | Zip Country 29 30  |            |            | 8. This corporation has liability for intangible tax under s. 199.032,  Florida Statutes |  |   |                         |              |
| 24]   | 9. Name and Address of Current  |  | ·U]        |            |  | 10. Name and Address of New Reg              |   |                         |              |
| GBH   | IHER, FREDRIC D   |  | 8          | 1 1        | Name   | 10.  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | .34                     |              |
|   | N 33RD TERRACE  |  | L          | 1          |  |  |   |                         |              |
|   | LYWOOD FL 33021   |  | 8:         | 2 3        | Street Addre   | ss (P.O. Box Number is Not Acceptab          | le)                                     |                         |              |
|   | • .   |  | 8          | 3          |  |  |   |                         |              |
| ::<br> {}-  |   |  | 8          | 4 0        | City   |  | FL                                      | <b>85</b> Zip (         | Code         |
| 11. Pursuant  | to the provisions of Sections 607 0502  | and 607 1508, Florida Statules                           | the abo    | L.<br>ve-n | amed corpo   | pration submits this statement for the p     | urpose of                               | changing it             | s registered |
| office or r   | registered agent, or both, in the State of<br>im familiar with, and accept the obligation | of Florida. Such change was au                           | thorized I | by th      | e corporation  | on's board of directors. I hereby accep      | t the app                               | ointment as             | registered   |
| SIGNATURE   |   |  |            |            |  |  |   |                         | l            |
|   | Signature, typed or printed name of registered agen                                       |  |            | gent s     | ignature require   | d when reinstating)                          | DATE                                    |                         |              |
| 12.   | OFFICERS AND  | DELETE DELETE  | 13.        |            |  | ADDITIONS/CHANGES TO OFFIC                   | ERS AND                                 | page                    |              |
| TITLE<br>NAME                                       | GRUHER, F.  |  | 1.1 1010.6 |            |  |  |   | L Change                | ☐ Addition   |
| STREET ADDRESS                                      | 3541 NORTH 33RD TERRACE   |  | 1 2 NAMI   |            | 001.00   |  |   |                         | l            |
| CITY-ST-ZIP   | HOLLYWOOD FL  |  | 1.3 STRE   |            | 1  |  |   |                         |              |
| MILE  | SID   | DELETE   | 2.1 1171.6 |            |  |  |   | Change                  | Addition     |
| : NAME  | SHURACK, J.   | <b>3</b>   | 2.2 NAMI   |            |  |  |   |                         |              |
| STREET ADDRESS                                      | 14951 FLATHORSTOVE WAY  |  | 2.3 STRE   |            | DRESS  |  |   |                         |              |
| CITY-ST-ZIP   | DAVIE FL  |  | 2. 4 CITY  |            |  |  |   |                         |              |
| TITLE   |   | DELFTE   | 3.1 TITLE  |            |  |  |   | Change                  | Addition     |
| NAME  |   |  | 3.2 NAM    | E          |  |  |   |                         |              |
| STREET ADDRESS                                      |   |  | 3.3 STRE   | ET AD      | DRESS  |  |   |                         |              |
| CITY-ST-ZIP   |   |  | 3 4. CITY  | - 51 -     | 71F  |  |   |                         |              |
| TITLE   |   | ☐ DELETE   | 4 1 TITLE  |            |  |  |   | Change                  | Addition     |
| NAME  |   |  | 4.2 NAM    | IE.        |  |  |   |                         |              |
| STREET ADDRESS                                      |   |  | 4.3 STRF   | ET A9      | DRESS  |  |   |                         |              |
| CITY-ST-ZIP   |   | <u></u>  | 4.4 CITY   | - ST - 2   | IP.  |  |   |                         |              |
| TITLE   |   | ☐ DELETE   | 5.1 TOLE   |            |  |  |   | Change                  | ☐ Addition   |
| NAME  |   |  | 5.2 NAM    |            |  |  |   |                         | J            |
| STREET ADDRESS                                      |   |  | 5 3 STRE   | E1 AD      | DRESS  |  |   |                         |              |
| CITY-ST-ZIP   |   | ·  | 5 4 CITY   |            | IP .   |  |   |                         |              |
| TITLE   |   | DELETE   | 61 TITLE   |            |  |  |   | L Change                | Addition     |
| NAME  |   |  | 6.2 NAMI   |            |  |  |   |                         |              |
| STREET ADDRESS                                      |   |  | 63 STRE    |            | 1  |  |   |                         |              |
| CITY_ST_7IP   | İ   |  | ■ cacuv    | C1 7       | 10 1   |  |   |                         |              |

14. Ido hereby certify that the information supplied with this fifing 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 fam 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 18 if changes, by an an attachment with an address.