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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H73646

(2)

FILED
Jan 22 1998 8:00am
Secretary of State

CONCC	ORDE I, INC.				1 IRBITALI DINI TANDR SIRKA ATILI ARBID DIRI BIDIC DE	84 91011 RESH 81011 REFEE 1802	
Principal Place of Business Mailing Address					T INCELORY MASS TOWARD LITTIN WEEKS BINDIR OF THE DINITIAL	UTT WINDS MINIT ASWEE NINIT IBUE	
% JERRY D DINGLE % JERRY D DINGLE 400 N. ASHLEY ST., SUITE 2800 400 N. ASHLEY ST., SUITE TAMPA FL 33602 TAMPA FL 33602			E 2800	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
					08/28/1985		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21 26					59-2569927	Not Applicable	
Suite, Apt #, etc. Suite, Apt. #, etc.						\$8.75 Additional	
22 27					5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 28		1			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the o		
24	25	29	30		Personal Property Tax due June 30.	Yes No	
	g. Name and Address of Curren	t Hegistered Agent	81	Name	10. Name and Address of New Registere	a Agent	
1	IGLE, JERRY D.		01	Name			
400 N ASHLEY			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
STE 2800			83				
TAMPA FL 33602			80	1			
			84	City		85 Zip Code	
		0 1 007 4500 Fil2-1- Ot1-1	11		F	of shancing its registered	
office or r	to the provisions of Sections 607.0503 egistered agent, or both, in the State	2 and 607.1508, Florida Statut of Florida. Such change was a	es, the abov authorized b	ve-named cor y the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered	
agent, I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Fig	orida Statute	95.			
SIGNATURE	Signature, typed or printed name of registored ages	es and title if an ellephic (NOT)	E Bonistored As	ont eignatum rogu	uired when reinstating) DATE		
12.	OFFICERS AND		13.	on agnatuse requ	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	STEWART, J. BENTON		1.2 NAME			1	
STREET ADDRESS	1104 S. DUNBAR AVE.		1.3 STREE	T ADDRESS		1	
CITY-ST-ZIP	TAMPA FL 33629		1.4 CITY-	ST-ZIP		Į	
TITLE			2.1 TITLE			Change Addition	
NAME	MOORE, JOSEPH B.		2.2 NAME				
STREET ADDRESS	898 BEVERLY PLACE		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	LAKE FOREST IL 60045-3956		2. 4 CITY	ST-ZIP			
TITLE	_		3.1 TITLE			Change Addition	
NAME	SESSUMS, T. TERRELL		3.2 NAME				
STREET ADDRESS	1113 DUNBAR AVE.			T ADDRESS		Ì	
CITY-ST-ZIP	TAMPA FL 33629	NEI ETF	3.4. CITY -	ST-ZIP		Change Addition	
TITLE	VD	DELETE	4.1 TITLE			Change Addition	
NAME	DINGLE, JERRY D.		4. 2 NAM				
STREET ADDRESS	1907 WYKAGYL ST.			T ADDRESS		1	
CITY-ST-ZIP	TAMPA FL 33629			ST-ZIP		Change Addition	
TITLE			5.1 TITLE			CT OF REALINGS CT MOUNTEST	
NAME			5.2 NAME			ł	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY -	SI-ZIP		Change Addition	
TITLE		L_I DECEIC	6.1 TITLE			Orango Addation	
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
l city-st-zip l			6.4 CITY -	SI-ZIP I			

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 13 if changed, or on an attachment folio an address.

CICALATUDE.

1-12-96

813-222-5401