## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

K81378

1. Corporation	MENT # K813 ITY CONCEPTS, INC.	78	(7)				
Principal Place of Business  99 SW 10TH AVENUE BAY D HALLANDALE FL 33009		Maling Address  99 SW 10TH AVENUE BAY D HALLANDALE FL 33009					1881 BIBIY BIBIY BIBIY BIBIY YODI 
	. , 2 4444	TINCENIE	MLE PL SOU	u <del>s</del>	3. Date Incorporated or Qualified		e of Last Report
2. Principa! Pla	ice of Business	2a. Mailing	Address	·	04/17/1989 4. FEI Number	_ <u> </u>	02/10/1995 Applied For
Suite, Apt. #	r. etc.	Suite. A	pt. #, etc.	·	65-0115068	··	Not Applicable \$8.75 Additional
City & State		27   City & S		· · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	<b></b>	Fee Required
3		28	rane		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip <b>4</b>	Country	Zip		Country	8. This corporation has liability fo	r intangible (	
<u>*</u>	9. Name and Address of Curre	29  ent Registered Ag	ent	[30]	Florida Statutes Ye  10. Name and Address of New		
10961 N	Howard A. W 18th Court Tion FL 33322			<ul> <li>81 Name</li> <li>82 Street Add</li> <li>83</li> <li>84 City</li> </ul>	ress (P.O. Box Number is Not Accepta	ble)	<b>85</b>
or registere familiar with SIGNATURE	Signature: typed or printed name of registrated arya	rida: Such change von 607.0505, Florestand United Sections of Page 1975 (VD DIRECTORS	vas authorize ida Statutes (NO	ed by the corporation's box our A di It for the displacement in		- 19 	- 4.6
TITLE	PVPT		DELF.TE	1 1 Title	ADDITIONS/CHANGES TO OF		DIRECTORS IN 12 Change Addition
IAME	LONGOBARDI, JEANNIE	-		1.2 NAME		,	
TREET ADDRESS	13800 ALEXANDRIA COURT DAVIE FL	•		1.3 STREET ADDRESS			
ITLE			DELF I E	1.4 C/TV - ST Z/P 2 1 T//LF			Change Addition
AME				2.2 NAME		l	Change Addition
TREET ADDRESS				2.3 STREET ADDRESS			
TY-ST-ZIP				2.4 C:1Y ST-ZIP			
TLE		LJ	DELETE	3 1 TITLE		[	Change Addition
TREET ADDRESS				3.2 NAME			
TY - S1 - ZiF				3.3 STREET ADDRESS 3.4 City - St - Zip			
TLE			DELETE	4 1 TITLE	7	i	Change Addition
AME				4.2 NAME			
FREET ADDRESS				4.3 STREET ADDRESS			
TY-ST-ZIP TLE			DE CET	4.4 CITY - ST - ZIP			
INE INTE		Ц	DELETE	5 I THLE		[	Change Addition
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LE		П	DELF16	5 4 CITY - SI - ZIP 6 1 TITLE			Change FT Assume
ME			-	62 NAM;		L	Change  Addition
REET ADDRESS				6 3 STREET ADDRESS			
ITY-ST-ZIP				6.4 CHY - ST - 7/P			
oath; that I a	certify that the information supplied he information indicated on this ann am an officer or director of the corpo Block 12 or Block 13 if changed, or	owneport or accipate testion or the receiv	er or Trueleo	shed and does not qual fy fi lal report is true and accura	or the exemption stated in Section 119 te and that my signature shall have the s report as required by Chapter 607, FI	.07(3)(k), Flo same lega' orida Statuti	rida Statutes. I further effect as if made under es; and that my name

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR DISTRICTION DIRECTION LONGOBARDI 4/19/10 954-456-6096

CR2E034 (12/95)