FILE NOW: FILING FEE AFTER MAY 1 IS $220.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L16123** **(6)**

1. Corporation Name
FINANCIAL CONCEPTS GROUP, INC.

Principal Place of Business	Mailing Address
4720 S ORANGE BLOSSOM ~~4000 E. COCONUT DR~~ ORLANDO FL 32839 US	4720 S ORANGE BLOSSOM ~~4000 E. COLONIAL DR~~ ORLANDO FL 32839 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/15/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 4720 S. Orange Blossom Tr.	26 4720 S. Orange Blossom Trail
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip 24 32839 Country 25 US	Zip 29 32839 Country 30 US

4. FEI Number: **59-2994197** ☐ 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 has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MICALIZIO, ROBERT **4720 S. ORANGE BLOSSOM TRAIL** **ORLANDO FL 32839**	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: Robert Micalizio — Robert Micalizio — DATE: 4/21/95
Signature, typed or printed name of registered agent and date (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MICALIZIO, ROBERT	1.2 NAME	
STREET ADDRESS	4720 S. ORANGE BLOSSOM TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert Micalizio — Robert Micalizio — 4/21/95 — (407) 851-1600
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — (Daytime Phone #)

0006422 CP