FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90067 025 \*\*\*150.00

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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

: 1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L16123 1. Corporation Name

FINANCIAL CONCEPTS GROUP, INC.

4720 S ORANGI 8000 E. COLON ORLANDO FL 3. US		4720 S ORANGE BLOSSOM T 8000 E. COLONIAL DR ORLANDO FL 32839 US	RAIL		-	3. Date Incorporate 09/15/1989	DO NOT WRI		SPACE	
2. Principal Pla	ace of Business	2a. Mailing Address		<del></del>		4. FEI Number			Α	pplied For
21 6220 S. Orange Blsm: Tr 26 6220 S. Ora				Blsm	Tr	59-2994197			N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 # 6 0 4						5. Certifcate of Sta	f Status Desired \$8.75 Additional Fee Required			
City & State City & State						6. Election Campa	П	\$5.00	May Be	
Orlando, FL 28 Orlando,			<u>L</u>			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Coun	•		8. This corporation	owes the cur	rent year In		
24 32809		29 3 2 8 0 9 30	US	Α		Personal Proper	·		Yes	□No
	9. Name and Address of Current I	Registered Agent		1		10. Name and Add	ress of New	Registered	Agent	
				81 Name						
MICALIZIO, ROBERT				82 Street Address (P.O. Box Number is Not Acceptable)						
4720 S. ORANGE BLOSSOM TRAIL					<u>s.</u>	Orange B	lossom	<u>Trai</u>	<u>1</u>	
ORLANDO FL 32839				#604						
			ŀ	84 City					85 Zip	Code
				Orlando						2809 i
office or re agent. I at SIGNATURE	to the provisions of Sections 607.0500 setstered agent, or both) in the State of familiar with, and accept the obligation of familiar with and accept the obligation.	Florida. Such change was authors of, Section 697,0505, Florida Robe	orizeo a Statu r t	ove-named by the corportes.  Mical  Igent signature of	izions	Doard of directors.	т петвоу ассе	e purpose of pt the appo	milinem 25 i	s registered egistered
12.	OFFICERS AND	/ ** 1/	13.			ADDITIONS/CHA	NGES TO OF	FICERS A	ND DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITI	Ę					X Change	☐ Addition
NAME	MICALIZIO, ROBERT		1.2 NA	AE						
STREET ADDRESS	4720 S. ORANGE BLOSSOM TR	ΔΙΙ	1.3 STF	REET ADDRESS	6220	O S. Oran	ae Blo	ssom	Tr. #	604
CITY-ST-ZIP ORLANDO FL						ando, FL			"	
TITLE	ONDAINDO I E	☐ DELETE	2.1 TITI		<u> </u>	<u> </u>	<u> </u>	*	☐ Change	☐ Addition
			2.2 NAJ	νE						[
-ta REET AUDHR-SS			23 STE	REET ADDRESS						
1	-	- <del>-</del>		Y-ST-ZIP		-	•		•	
Y-ST-ZIP		☐ DELETÉ	3.1 TITI						☐ Change	☐ Addition
· E		<del>_</del>	3.2 NAI							ļ
.it address			•	REET ADDRESS						
1				Y-ST-ZIP						Į
ST ZIP		☐ DELETE	4.1 TITI						Change	Addition
NAME		_	4. 2 NA	ME						[

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 of the receiver or trustee employered 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 attagement with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Robert Micalizio

DELETE

DELETE

4/27/99 407-851-1600

☐ Change

Change

☐ Addition

☐ Addition