

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L60550 (5)
1. Corporation Name
PROMOTIONAL CONCEPTS, INC.



Principal Place of Business Mailing Address
**6595 NW 36TH ST
STE 309
MIAMI FL 33166**

2. Principal Place of Business 2a. Mailing Address
21 6595 NW 36TH ST. **26 6595 NW 36TH ST.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 SUITE 316 **27 SUITE 316**
City & State City & State
23 Miami Florida **28 Miami Florida**
Zip Country Zip Country
24 33166 **25** **29 33166** **30**

3. Date Incorporated or Qualified **03/28/1990** 3a. Date of Last Report **12/22/1995**
4. FEI Number **65-0201862** 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 s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**STRACHAN, CHERYL
241 MELROSE DR.
MIAMI SPRINGS FL**
10. Name and Address of New Registered Agent
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 _____ Date _____
Signature of Registered Agent or Secretary of State (If not applicable, leave blank) Signature of Registered Agent or Secretary of State (If not applicable, leave blank) Date

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 1.2 NAME
1.3 STREET ADDRESS 1.3 STREET ADDRESS
1.4 CITY - ST - ZIP 1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 included in 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Desmond Hutchinson* **17th JUNE '96** **(305) 871-9658**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

CR2E034 (3/96)