

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M36743** (6)

1. Corporation Name

CONCORDIA INVESTMENTS, INC.



Principal Place of Business

Mailing Address

9210 S. OCEAN BLVD. 3211 S. OCEAN BLVD
STE 505 STE. 904
HIGHLAND BEACH FL 33487
US

3210 S. OCEAN BLVD. 3211 S. OCEAN BLVD
STE 606 STE. 904
HIGHLAND BEACH FL 33487
US

3. Date Incorporated or Qualified **08/12/1986** 3a. Date of Last Report **03/21/1995**

2. Principal Place of Business 2a. Mailing Address
21 **3211 S. Ocean Blvd** 26 **3211 S. Ocean Blvd**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **#904** 27 **#904**

City & State City & State
23 **HIGHLAND BEACH FL** 28 **HIGHLAND BEACH, FL**

Zip Country Zip Country
24 **33487** 25 **US** 29 **33487** 30 **US**

4. FEI Number **59-2709487** 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

10. Name and Address of New Registered Agent

COLMAN, PHILIP
3211 S. OCEAN BLVD. #903
HIGHLAND BEACH FL 33487

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

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLMAN, PHILIP	
STREET ADDRESS	3210 SO OCEAN BLVD, STE 505	
CITY - ST - ZIP	HIGHLAND BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	COLMAN, FLORENCE	
STREET ADDRESS	3210 SO OCEAN BLVD, STE 505	
CITY - ST - ZIP	HIGHLAND BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	COLMAN, JULIAN	
STREET ADDRESS	17 PARFIELD DRIVE	
CITY - ST - ZIP	NO YORK TORONTO CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	EVERETT, MICHAEL	
STREET ADDRESS	136 W. COCONUT DRIVE	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 my address.

SIGNATURE: *Michael E. Everett* Michael Everett 3/13/96 (407)-272-1596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)