

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

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: 3211 S OCEAN BLVD SUITE 904 HIGHLAND BEACH FL 33487 US
Mailing Address: 3211 S. OCEAN BLVD SUITE 904 HIGHLAND BEACH FL 33487-2594 US

3. Date Incorporated or Qualified: 08/12/1986
3a. Date of Last Report: 03/19/1996
4. FEI Number: 59-2709487
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

2. Principal Place of Business: 21 3210 S. Ocean Blvd. Suite, Apt. #, etc: 22 204 City & State: 23 Highland Bch., Fl. Zip: 24 33487 Country: 25 Palm Bch.
2a. Mailing Address: 26 3210 S. Ocean Blvd. Suite, Apt. #, etc: 27 204 City & State: 28 Highland Bch., Fl. Zip: 29 33487 Country: 30 Palm Bch.

9. Name and Address of Current Registered Agent: COLMAN, PHILIP 3211 S. OCEAN BLVD. #903 HIGHLAND BEACH FL 33487
10. Name and Address of New Registered Agent: B1 Name, B2 Street Address (P.O. Box Number is Not Acceptable), B3, B4 City, B5 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|--|
| TITLE: PD | NAME: COLMAN, PHILIP | 1.1 TITLE: PD | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS: 3210 SO OCEAN BLVD, STE 505 | CITY-ST-ZIP: HIGHLAND BEACH FL | 1.2 NAME: COLMAN, PHILIP | |
| | | 1.3 STREET ADDRESS: 3210 SO. OCEAN BLVD, STE 204 | |
| | | 1.4 CITY-ST-ZIP: HIGHLAND BEACH, FL. | |
| TITLE: STD | NAME: COLMAN, FLORENCE | 2.1 TITLE: STD | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS: 3210 SO OCEAN BLVD, STE 505 | CITY-ST-ZIP: HIGHLAND BEACH FL | 2.2 NAME: COLMAN, FLORENCE | |
| | | 2.3 STREET ADDRESS: 3210 SO. OCEAN BLVD. STE 204 | |
| | | 2.4 CITY-ST-ZIP: HIGHLAND BEACH, FL. | |
| TITLE: VP | NAME: COLMAN, JULIAN | 3.1 TITLE: | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS: 17 PARFIELD DRIVE | CITY-ST-ZIP: NO YORK TORONTO CA | 3.2 NAME: | |
| | | 3.3 STREET ADDRESS: | |
| | | 3.4 CITY-ST-ZIP: | |
| TITLE: VP | NAME: EVERETT, MICHAEL | 4.1 TITLE: | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS: 136 W. COCONUT DRIVE | CITY-ST-ZIP: LAKE WORTH FL | 4.2 NAME: | |
| | | 4.3 STREET ADDRESS: | |
| | | 4.4 CITY-ST-ZIP: | |
| TITLE: | NAME: | 5.1 TITLE: | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS: | | 5.2 NAME: | |
| CITY-ST-ZIP: | | 5.3 STREET ADDRESS: | |
| | | 5.4 CITY-ST-ZIP: | |
| TITLE: | NAME: | 6.1 TITLE: | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS: | | 6.2 NAME: | |
| CITY-ST-ZIP: | | 6.3 STREET ADDRESS: | |
| | | 6.4 CITY-ST-ZIP: | |

14. I do 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 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: Philip Colman February 21/97 561272-1526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)