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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

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.

3. Date Incorporated or Qualified

08/12/1986

3a. Date of Last Report

03/19/1996

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

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

FL

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME COLMAN, PHILIP
STREET ADDRESS 3210 SO OCEAN BLVD, STE 505
CITY-ST-ZIP HIGHLAND BEACH FL

☐ DELETE

TITLE STD
NAME COLMAN, FLORENCE
STREET ADDRESS 3210 SO OCEAN BLVD, STE 505
CITY-ST-ZIP HIGHLAND BEACH FL

☐ DELETE

TITLE VP
NAME COLMAN, JULIAN
STREET ADDRESS 17 PARFIELD DRIVE
CITY-ST-ZIP NO YORK TORONTO CA

☐ DELETE

TITLE VP
NAME EVERETT, MICHAEL
STREET ADDRESS 136 W. COCONUT DRIVE
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME COLMAN, PHILIP
1.3 STREET ADDRESS 3210 SO. OCEAN BLVD, STE 204
1.4 CITY-ST-ZIP HIGHLAND BEACH, FL.

☒ Change ☐ Addition

2.1 TITLE STD
2.2 NAME COLMAN, FLORENCE
2.3 STREET ADDRESS 3210 SO. OCEAN BLVD. STE 204
2.4 CITY-ST-ZIP HIGHLAND BEACH, FL.

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

February 21/97 561-272-1526

CR2E034 (9/96)