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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M71633 (5)

1. Corporation Name

FLORIDA NEW CONCEPTS MARKETING, INC.



Principal Place of Business

P O BOX 261
PORT RICHEY FL 34673-7261

Mailing Address

P O BOX 261
PORT RICHEY FL 34673-7261

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LEZARK, ALAN N.
6330-5 PINEHILL ROAD ---
P.O. BOX 261
PORT RICHEY FL 34673

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

7808 WEBER LANE

83

P O BOX 261

84

City

FL

85

Zip Code

34673

PORT RICHEY

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation certifies 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0504, Florida Statutes.

SIGNATURE

Alan N. Lezark

ALAN N. LEZARK

8-15-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
D	LEZARK, CAROL	6330 5 PINEHILL RD	PT RICHEY FL	
PS	LEZARK, ALAN N	6330 5 PINE HILL ROAD	PORT RICHEY FL	
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
		7808 WEBER LANE	PORT RICHEY FL			7808 WEBER LANE	PORT RICHEY FL																

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 unchanged, or on an attachment with an address.

SIGNATURE:

Alan N. Lezark

ALAN N. LEZARK,

8-15-96

813/842-3231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)