FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

大変 といいれるので

三日の大人は、はないとは、大きのはないとなって、大きのないはないないできないが、あっている事をなるなどがないというとう



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600006369 (0)

CONCORDIA ECO CORPORATION

Principal Plac	e of Business	Mailing Address				F TORKHOL BIG FOLD BUILD BILL BOTH BOTH BOTH BOTH BOTH BUILD BILL BUILD IN 1941 1941					
440 ROYAL PA	LM WAY	440 ROYAL PALM WAY									
SUITE 200		SUITE 200	SUITE 200								
PALM BEACH FL 33490		PALM BEACH FL 33480-41	79			3. Date Incorporated or Qualified	3a. D	ate of La	ast Re	port	
						12/13/1996	Ju. 0	210 01 20	45(1)0	5011	
	lace of Business	2a. Mailing Address				4. FEI Number			App	lied For	
21		26				65-0713856	Not Applicable				
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & Stat	8	City & State				6. Election Campaign Financing				<u> </u>	
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Countr	У		8. This corporation has liability for			ders.	199.032,	
24	25	29	30] Yes				
	9. Name and Address of Curre	ent Registered Agent		. ,		10. Name and Address of New Re	gistered	Agent			
			81	1	Name						
CHOPIN			82	1	Street Addre	ess (P.O. Box Number is Not Acceptat	ile)				
SUITE 2	YAL PALM WAY		83	3		,					
	EACH FL 33480										
177601 12	LACTI L COTOS		84	١	City		FL	85	Zip C	ode	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508. Florida Statut	les, the abov	⊥. ⁄⊖-	-named corpr	oration submits this statement for the p	urnose o	f changi	ing its	reaistered	
office or r	egistered agent, or both, in the Stat	te of Florida. Such change was	authorized b	y 1	the corporation	on's board of directors. I hereby accep	ot the app	ointmer	nt as re	egistered	
_	III lamilar with, and accept the obli	galions of, Section 517.0303, Fit	Unda Sialule	33.							
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOT	f.: Registered Ag	jeni	nt signature require	ed when reinstating)	DATE				
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AN	D DIREC	CTORS	IN 12	
TITLE	P/T/S/D	☐ DELETE	1.1 TITLE					☐ Cha	inge	■ Addition	
NAME	Chopin, L. Frank		1.2 NAME								
STREET ADDRESS	440 Royal Palm Way	, Suite 200	1.3 STREE	1 A	ADDRESS						
CITY-ST-ZIP	Palm Beach, FL 33	480	1.4 CITY -		- ZIP						
TITLE	D	 -		2.1 TITLE				∐ Cha	nge	☐ Addition	
NAME	Yudenfreund, Joel		2.2 NAME								
STREET ADDRESS	440 Royal Palm Way		2.3 STREET ADDRESS								
CITY-ST-ZIP	Palm Beach, FL 334	l 80 □ DELETE	2. 4 C(TY - ST - Z(P 3.1 T)TLE		í- ZIP			Cha		Addition	
TITLE	D Wannan	☐ DELETE	3.1 TITLE 3.2 NAME					☐ cua	inge	☐ Addition	
NAME	Speer, W. Morgan	- Cuito 200	3.2 NAME		ADDOCCÓ						
STREET ADDRESS	440 Royal Palm Way		1								
CITY-\$T-ZIP TITLE	Palm Beach, FL 334	DELETE	3.4. CITY - 4.1 TITLE		1-ZIF			Cha	nge	Addition	
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREE		ADDRESS						
CITY-ST-ZIP			4.4 CITY-								
TITLE		DELETE	5.1 TITLE	· ·				Cha	inge	Addition	
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREE	ET A	address						
CITY-ST-ZIP			5.4 CITY-		l						
TITLE		DELETE	6.1 TITLE					☐ Cha	inge	☐ Addition	
NAME			62 NAME	:							
STREET ADDRESS			63 STREE	ET A	ADDRESS						
CITY-ST-ZIP			6 4 CITY-	ST	- ZIP						
14. do here	by certify that the information supply	with this filing does not qual	ify for the ex	en	nption stated	in Section 119.07(3)(i), Florida Statute my signature shall have the same loga t as required by Chapter 617, Florida S	s. I furthe	er certify	that the	ne er oath: the	
l am an c	fficer or director of Mo/ca position	or the receiver or trustee empoy	vered to exe	CU	ute this report	t as required by Chapter 617, Florida S	itatutes; a	and that	my na	ime	
appears	in block 12 or brooks by charged	or of an advantage of with an adv	uress.								