

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

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90071 010 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P15534**

1. Corporation Name  
**CONCEPT DEVELOPMENT ASSOCIATES OF MARYLAND, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>2155 OLD MOULTRIE ROAD. STE A<br>ST AUGUSTINE FL 32086 | Mailing Address<br>2155 OLD MOULTRIE ROAD. STE A<br>ST AUGUSTINE FL 32086 |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>06/30/1987</b>  |  |
| 4. FEI Number<br><b>52-1271087</b>  | Applied For<br>Not Applicable          |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> -Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees     |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc. | 2a. Mailing Address<br>26 Suite, Apt. #, etc. |
| 22 City & State  | 27 City & State                               |
| 23 Zip Country   | 28 Zip Country                                |
| 24 Zip Country   | 29 Zip Country                                |

9. Name and Address of Current Registered Agent  
**BARZSO, CRAIG**  
**2155 OLD MOULTRIE RD**  
**SUITE A**  
**ST. AUGUSTINE FL 32086**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | PTD                 | <input type="checkbox"/> DELETE |
| NAME           | BARZSO, CRAIG S.    |                                 |
| STREET ADDRESS | 22 WATER ST         |                                 |
| CITY-ST-ZIP    | ST. AUGUSTINE FL    |                                 |
| TITLE          | VSD                 | <input type="checkbox"/> DELETE |
| NAME           | SMITH, ANN SHERIDAN |                                 |
| STREET ADDRESS | 1 HOLLY LANE        |                                 |
| CITY-ST-ZIP    | ST. AUGUSTINE FL    |                                 |
| TITLE          | D                   | <input type="checkbox"/> DELETE |
| NAME           | DRISCOLL, RUDOLF W. |                                 |
| STREET ADDRESS | 3 VERSAILLES DR.    |                                 |
| CITY-ST-ZIP    | MENLO PARK CA       |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 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 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, with all other like empowered.

SIGNATURE: Craig Barzso Date: 4-13-99 Daytime Phone #: 904-794-7070

CR2E034 (1/98)