

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90108 031 ***150.00

DOCUMENT # **P15872**

1. Corporation Name

CONCORD ASSETS GROUP, INC.

Principal Place of Business

**150 EAST PALMETTO PARK RD
4TH FLOOR
BOCA RATON FL 33432
US**

Mailing Address

**150 EAST PALMETTO PARK RD
4TH FLOOR
BOCA RATON FL 33432
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

Country

3. Date Incorporated or Qualified

09/08/1987

4. FEI Number

13-3075097

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PD**
NAME **MANDOR, ROBERT**
STREET ADDRESS **5200 TOWN CENTER CRCL.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **CD**
NAME **MANDOR, LEONARD**
STREET ADDRESS **5200 TOWN CENTER CRCL.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **V**
NAME **SHORE, HARVEY**
STREET ADDRESS **5200 TOWN CENTER CRCL.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **V**
NAME **OTTO, JOSEPH**
STREET ADDRESS **5200 TOWN CENTER CRCL.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **150 East Palmetto Park Road, 4th Floor**
1.4 CITY-ST-ZIP **Boca Raton, FL 33432**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS **150 East Palmetto Park Road, 4th Floor**
2.4 CITY-ST-ZIP **Boca Raton, FL 33432**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS **150 East Palmetto Park Road, 4th Floor**
3.4 CITY-ST-ZIP **Boca Raton, FL 33432**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS **150 East Palmetto Park Road, 4th Floor**
4.4 CITY-ST-ZIP **Boca Raton, FL 33432**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Mandor **1/12/99 (561)394-9533**

Daytime Phone #

CR2E034 (11/98)