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FILED
Apr 25 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 # P93000004154 (9)

1. Corporation Name
CONCAP CORP.



Principal Place of Business
590 BCH. RD.
320 JOHNS ISLAND
VERO BEACH FL 32963
US

Mailing Address
550 BEACH RD.
320 JOHNS ISLAND
VERO BEACH FL 32963-3365
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
01/13/1993

3a. Date of Last Report
05/02/1996

4. FEI Number
65-0385858

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

10. Name and Address of New Registered Agent

CALDWELL, WILLIAM W
756 BEACHLAND BLVD
VERO BEACH FL 32963

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CARUSONE, REGINA
STREET ADDRESS 92 OLD WASHINGTON
CITY-ST-ZIP RIDGEFIELD CT 06877

TITLE D
NAME CONROY, WILLIAM J
STREET ADDRESS 55 HIGHLAND RD
CITY-ST-ZIP SOUTH KENT CT 06875

TITLE D
NAME CONROY, JOHN L
STREET ADDRESS 30 ROGUES RIDGE
CITY-ST-ZIP WESTON CT 06883

TITLE D
NAME CONROY, KEVIN P
STREET ADDRESS 6 MCKINLEY
CITY-ST-ZIP ROWAYTON CT 06853

TITLE D
NAME CONROY, CHRISTOPHER
STREET ADDRESS 3 FOSTER LN
CITY-ST-ZIP ROWAYTON CT 06853

TITLE D
NAME CONROY, BRIAN I
STREET ADDRESS 550 BEACH RD #320
CITY-ST-ZIP VERO BEACH FL 32963

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Conroy, John L.
3.3 STREET ADDRESS 12 Dogwood Lane
3.4 CITY-ST-ZIP Weston, Ct. 06883

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Conroy, Kevin P.
4.3 STREET ADDRESS 45 South Beach Dr.
4.4 CITY-ST-ZIP Rowayton, Ct. 06853

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Conroy, Christopher
5.3 STREET ADDRESS 86 Bluff Ave.
5.4 CITY-ST-ZIP Rowayton, Ct. 06853

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

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

3/23/97 5/12/97 7/4/97

CR2E034 (9/96)