

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  
Jul 09, 1999 8:00 am  
Secretary of State

07-09-1999 90008 031 \*\*\*550.00

DOCUMENT # P93000004154

Corporation Name  
CONCAP CORP.



Principal Place of Business  
50 BCH. RD.  
20 JOHNS ISLAND  
ERO BEACH FL 32963  
IS

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

DO NOT WRITE IN THIS SPACE

|                                |  |                     |  |  |  |
|--------------------------------|--|---------------------|--|--|--|
| 1. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified<br>01/13/1993  |  |
| 1                              |  | 26                  |  | 4. FEI Number<br>65-0385858  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | Applied For<br>Not Applicable  |  |
| 2                              |  | 27                  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| City & State                   |  | City & State        |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                          |  |
| 3                              |  | 28                  |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Zip                            |  | Country             |  | 25   |  |
| 29                             |  | 30                  |  |  |  |

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   |
| 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 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | DCARUSONE REGINA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| NAME                       | CARUSONE, REGINA                             | 1.2 NAME  | 101 W 55th St Apt 9F  |
| STREET ADDRESS             | 92 OLD WASHINGTON                            | 1.3 STREET ADDRESS                                    | NY NY 10049   |
| CITY-ST-ZIP                | RIDGEFIELD CT                                | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| NAME                       | CONROY, WILLIAM J                            | 2.2 NAME  |   |
| STREET ADDRESS             | 55 HIGHLAND RD                               | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SOUTH KENT CT 06875                          | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| NAME                       | CONROY, JOHN L                               | 3.2 NAME  |   |
| STREET ADDRESS             | 12 DOGWOOD LANE                              | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | WESTON CT                                    | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| NAME                       | CONROY, KEVIN P                              | 4.2 NAME  |   |
| STREET ADDRESS             | 45 SOUTH BEACH DR                            | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ROWAYTON CT                                  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE   | D CONROY CHRISTOPHER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CONROY, CHRISTOPHER                          | 5.2 NAME  | 376 Broadway Apt 5E   |
| STREET ADDRESS             | 86 BLUFF AVE                                 | 5.3 STREET ADDRESS                                    | NY NY 10053   |
| CITY-ST-ZIP                | ROWAYTON CT                                  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| NAME                       | CONROY, BRIAN I                              | 6.2 NAME  |   |
| STREET ADDRESS             | 550 BEACH RD #320                            | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | VERO BEACH FL 32963                          | 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 1 9 9 5612348743  
Date Daytime Phone #

CR2E034 (11/98)