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Mailing Addrage

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000029372

1. Corporation Name

CONCEPT PLUS INDUSTRIES, INC.

Principal Place	e of Business	Mailing Address										
4699 N. FEDER	AL HWY	4699 N. FEDERAL HWY										
#101		#101										
POMPANO BEACH FL 33064		POMPANO BEACH FL 33064			<u> </u>	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
US		US			3.	04/21/19		alifed				
						FEI Numbe				1 1	harting For	
2. Principal Pl	lace of Business	2a. Mailing Address			4.						Applied For	
21		26				65-0407	100				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5.	Certifcate of	of Status Desi	red 🗆]		Additional Required	
22 City & State		City & State										
City & State		City & State			. 6.	6. Election Campaign Financing 5.00 May Be Trust Fund Contribution Added to Fees						
23	<u> </u>	28	0								1 to rees	
Zip	Country	Zip	Count	гу	8.		ration owes th	e current y		ngiblo Yes	□No	
24	25	_ 	30				roperty Tax.	D			LINO	
	9. Name and Address of Current	Registered Agent		1 Name	10.	Name and	Address of I	New Kegi:	stered A	gent		
מגם	DAOLII CEDALDINE		l a	1 Name							1	
Badraoui, Geraldine 4699 n. Federal Hwy			8	2 Street	eet Address (P.O. Box Number is Not Acceptable)							
					<u> </u>					4		
#10	*		8	3								
POM	IPANO BEACH FL 33064			4 City				_		85 Zig	Code	
			ľ	4 City					FL	65 24	1	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abo	ve-named	corporatio	n submits th	is statement for	or the purp	oose of c	hanging i	ts registered	
-65-00-05-0	registered agent, or both, in the State om familiar with, and accept the obligation	f Florida. Such change was all	nonzen n	w the com	oration's b	oard of direc	tors. I hereby	accept the	e appoin	iment as	registered	
		Ona or, econom cor. 2000, 710m	uu otatat									
SIGNATURE	Signature, typed or printed name of registered agent		Tanistana d A	ant alamatura	required when	reinstating)	_		DATE	-	· · · · · · · · · · · · · · · · · · ·	
l		and little it applicable. (NOTE: r	zečistace ví	leur Munime i	roquirou istroit	remassung)						
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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 atagement with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP