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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000012306 (4)

NEW CONCEPTS CONSULTANTS, INC.

Mailing Address Principal Place of Business 1408 SOUTH BAYSHORE DRIVE 1408 SOUTH BAYSHORE DRIVE SUITE 1001 **SUITE 1001** MIAMI FL 33131-3667 MIAMI FL 33131 3. Date Incorporated or Qualified 3a. Date of Last Report 02/11/1994 04/15/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 65-0481202 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, ✓ No 24 25 29 30 Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SILVERMAN, LARRY 1408 SOUTH BAYSHORE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1001** 83 **MIAMI FL 33131** 84 City 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: Typod or photodiname of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)TITLE DELETE 1.1 TITLE Change Addition NAME SILVERMAN, LARRY 1.2 NAME 1408 SOUTH BAYSHORE DRIVE, SUITE 1001 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TIFEE 2.1 TITLE ☐ Change ___ Addition SILVERMAN, LORETTA NAME 2.2 NAME 1408 SOUTH BAYSHORE DRIVE, SUITE 1001 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition Tille 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition THEF 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-78 4.4 CITY-ST-ZIP DELETE Addition 1/7LF 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7P 5.4 CITY-ST-ZIP DELETE Change 6.1 TITLE Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-SI-7P

appears in Brock 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

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

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

FILED Feb 21 1997 8:00am Secretary of State

