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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000015339 (2)

CONCEPT MANAGEMENT GROUP, INC.

## FILED Jul 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 26 ISLAND RD. 26 ISLAND RD. STUART FL 34998 STUART FL 34996 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/23/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3727 S.E. OCENN BLVD. 3727 S.E. OCEMBLUD 65-0497720 26 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 200 22 200 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be STUAR 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 96 25 MARTIN 29 3499 9. Name and Address of Current Registered Agent MARTIN ☐ No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name GREENE, ROBERT D 28 ISLAND RD. Street Address (P.O. Box Number is Not Acceptable) 82 STUART FL 34996 83 City 84 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 of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of am familiar with, and accept the objections of, Section 607.0505, Florida Statutes. SIGNATURE agent and title if applicable (NOTE Registered/Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE **GREENE, ROBERT D** NAME **26 ISLAND ROAD** STREET ADDRESS 1.3 STREET ADDRESS STUART FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change ☐ DELETE ☐ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETÉ Change Addition TITLE 5.1 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 suppliemental 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 or an attachment with an address

C/22/08 (54) 288-12