

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000032670 (9)

1. Corporation Name

THE CONCORD GROUP, INC.



Principal Place of Business

5887E FOX HOLLOW DRIVE
BOCA RATON FL 33486

Mailing Address

5887E FOX HOLLOW DRIVE
BOCA RATON FL 33486

2. Principal Place of Business

21 8774 SONOMA LAKE BLVD

Suite, Apt. #, etc.

22

City & State

23 BOCA RATON FL

Zip

24 33434

Country

2a. Mailing Address

26 8774 SONOMA LAKE BLVD

Suite, Apt. #, etc.

27

City & State

28 BOCA RATON FL

Zip

29 33434

Country

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD.
STE. 211
PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified

04/28/1994

3a. Date of Last Report

07/25/1995

4. FEI Number

65-0487243

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 of person or printed name of registered agent or authorized officer)

(Printed Name of Agent or Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME FOWLER, C S
STREET ADDRESS C/O 5887E FOX HOLLOW DRIVE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☐ DELETE
NAME FOWLER, C S
STREET ADDRESS C/O 5887E FOX HOLLOW DRIVE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME FOWLER, C S
1.3 STREET ADDRESS 8774 SONOMA LAKE BLVD
1.4 CITY-ST-ZIP BOCA RATON, FL 33434

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
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

(Signature and typed or printed name of signing officer or director)

5-1-96

Daytime Phone #

CR2E034 (12/95)