

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000079852 (7)

1. Corporation Name

CONCORDE INVESTMENTS, INC.



Principal Place of Business

12954 N. DALE MABRY HWY.
TAMPA FL 33618

Mailing Address

12954 N. DALE MABRY HWY.
TAMPA FL 33618

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/28/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3281020

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 607.1506, 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, if applicable

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PST

☐ DELETE

NAME

MURPHY, THOMAS J

STREET ADDRESS

3025 SAMARA DRIVE

CITY-ST-ZIP

TAMPA FL 33618

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PT

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

VP

☐ Change

☒ Addition

2.2 NAME

SCHWENKE, KIM. M.

2.3 STREET ADDRESS

1603 N. RIVERSIDE DR

2.4 CITY-ST-ZIP

Tampa Terrace

3.1 TITLE

VP

☐ Change

☒ Addition

3.2 NAME

Anger, AL

3.3 STREET ADDRESS

103 COUNTRYSIDE DR

3.4 CITY-ST-ZIP

Longwood FL 32779

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

Date:

Daytime Phone #

4-21-96

813-269-0899

CR2E034 (12/95)