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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000079852 (7)

1. Corporation Name

CONCORDE INVESTMENTS, INC.

Principal Place of Business

Mailing Address

11015 N DALE MABRY HWY
TAMPA FL 33618
US

11015 N DALE MABRY HWY
TAMPA FL 33618
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, THOMAS J
12054 N. DALE MABRY HWY.
TAMPA FL 33618

81 Name

Thomas J. Murphy

82 Street Address (P.O. Box Number is Not Acceptable)

11015 N. Dale Mabry Hwy.

83

84 City

Tampa

FL

85 Zip Code
33618

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VT ☐ DELETE

1.1 TITLE PT/D ☒ Change ☐ Addition

NAME MURPHY, THOMAS J

1.2 NAME

STREET ADDRESS 3025 SAMARA DRIVE

1.3 STREET ADDRESS 10503 Sago Drive

CITY-ST-ZIP TAMPA FL

1.4 CITY-ST-ZIP Tampa, FL 33618

TITLE P ☐ DELETE

2.1 TITLE V/D ☒ Change ☐ Addition

NAME SCHWENCKE, KIM M

2.2 NAME

STREET ADDRESS 1803 N. RIVERHILLS DR

2.3 STREET ADDRESS

CITY-ST-ZIP TEMPLE TERRACE FL

2.4 CITY-ST-ZIP

TITLE VS ☐ DELETE

3.1 TITLE V/D ☒ Change ☐ Addition

NAME AUGER, AL

3.2 NAME

STREET ADDRESS 103 COUNTRYSIDE DR

3.3 STREET ADDRESS

CITY-ST-ZIP LONGWOOD FL

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE S ☐ Change ☒ Addition

NAME Kevin Chandler

4.2 NAME

STREET ADDRESS 3603 Tacon Street West

4.3 STREET ADDRESS 3603 Tacon Street West

CITY-ST-ZIP TAMPA FL 33629

4.4 CITY-ST-ZIP Tampa, FL 33629

TITLE ☐ DELETE

5.1 TITLE D ☐ Change ☒ Addition

NAME A.G. Rappaport

5.2 NAME

STREET ADDRESS 806 Guisando de Avila

5.3 STREET ADDRESS 806 Guisando de Avila

CITY-ST-ZIP TAMPA FL 33613

5.4 CITY-ST-ZIP Tampa, FL 33613

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE

[Signature]

44-24-58

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CR2E034 (10/97)