FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR 21 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000084978 (3)

1. Corporation Name
CONCAS SERVICES, INC.

Principal Place of Business
4540 COMMANDER DRIVE STE. 2221
ORLANDO FL 32822

Mailing Address
4540 COMMANDER DRIVE STE. 2221
ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1994
3a. Date of Last Report: 11/15/94

2. Principal Place of Business
21 10838 NORCROSS CIR
Suite, Apt. #, etc.
22 ORLANDO
City & State
23 FL.
Zip 24 32825
Country 25 ORANGE

2a. Mailing Address
26 10838 NORCROSS CIR.
Suite, Apt. #, etc.
27 ORLANDO
City & State
28 FLORIDA.
Zip 29 32825
Country 30 ORANGE

4. FEI Number 59-3280361 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [✓] No

9. Name and Address of Current Registered Agent
CONCAS, GIORGIO
4540 COMMANDER DRIVE STE. 2221
ORLANDO FL 32822

10. Name and Address of New Registered Agent
81 Name: CONCAS S. GIORGIO
82 Street Address (P.O. Box Number is Not Acceptable): 10838 NORCROSS CIR.
83
84 City: ORLANDO FL 85 Zip Code: 32825

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CONCAS, GIORGIO
STREET ADDRESS	4540 COMMANDER DRIVE STE. 2221
CITY ST ZIP	ORLANDO FL 32822
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	D [✓] Change [ ] Addition
12 NAME	CONCAS S. GIORGIO
13 STREET ADDRESS	10838 NORCROSS CIR.
14 CITY ST ZIP	ORLANDO FL. 32825
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

3/23

14. I do hereby certify that the information supplied with this report is substantially accurate and 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 is in compliance and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the receiver or trustee empowered to execute the 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: GIORGIO S CONCAS 3/17/95 (407) 277-4308.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR