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

PROFIT. CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

OCUMENT # P95000019622 (6)

CONCEPT BUSINESS GENWEES INC. **DOCUMENT #** 1. Corporation Name Principal Place of Business Mailing Address 958 S MILITARY TR 958 S MILITARY TR



SUITE 300 West Palm	REACH EL 2	2416	SUITE 300 WEST PALM BEACH FL 33415										
WEST TREM			WEST FALM BEACH PL 33413				3. Date Incorporated or Qualified 03/08/1995	3a. Date	of Last F	Report			
2. Principa! Pia	ace of Busine	ess	2a. Mailing Address				4. FEI Number			Applied For			
21			26					65-0577656			Not Applicat	ole	
Suite, Apt. #	#, etc.		Suite, Apt. #,	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	)		City & State	City & State				6. Election Campaign Financing		\$5.0	00 May Be		
23		****	28	+				Trust Fund Contribution			ed to Fees		
Zip		Country	Zip	<u> </u>	Country				for intangible tax under s 199.032,				
24	O Name	25	29	3(	0				M No				
	and Address of Curren	t Hegistered Agent	8	T-1		10. Name and Address of New F	egistered Agent						
						1 Nam	1 <del>0</del>						
	in, Martin				2 Stre	reet Address (P.O. Box Number is Not Acceptable)							
	ilitary te						. ,						
SUITE 30													
WEST PA	alm beac			84	4 City				85 Z	ip Code			
· ·								FL			•		
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, byted or printed nanc of registered agent and title if applicable (NOTE: Registered Agent signature required when renstating)  DATE													
12.		OFFICERS AND	********		13.			ADDITIONS/CHANGES TO OFF		BECTO	DRS IN 12	§6	
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CITY-ST-ZIP		ALM BEACH FL 3341	5	1.4 0			<b>"</b>					18	
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CITY-ST-ZIP							`					-	
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NAME			LJ 5660					\$COMMO 4 com			L. Addition	'	
STRELY ADDRESS					5.2 NAME			<b>80000183</b> -05/23/96010	# 25 1.1 2.1 07 004			į į	
STREET AUDIESS  CITY-SI-ZIP					5.3 STREET ADDRESS			***200.00	01021				
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NAME				:					L	Change	Addition	_	
STREET ADDRESS					6.2 NAME	1.40005**				5-	-1-96	,	
					6.3 STREE		·				ČÓQÓ.	.	
CiTY-ST-ZiP	codify that I	the information e unplied w	ith this films is unlimbs	oli i fi ambleto e a	64 CITY-		Light for	the compation stated in Destination	0.2(0)(1) [[(	7			

roo riereby 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. Turther 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.