FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000020978

CONCEPT DISPLAYS, INC.							
Principal Place of Business	Mailing Address				iid iikii mmi		TARI INII INDI
1940 NW 93 AVE	570 EAST 49TH ST						
MIAMI FL 33172	HIALEAH FL 33013					_	
US	US		DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed 03/15/1995			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		App	plied For
21	26			59-2641603			t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 A	dditional quired
City & State	City & State			Election Campaign Financing Trust Fund Contribution	-	5.00 r	May Be o Fees
Zip Country	Zip	Counti	гу	8. This corporation owes the current year	Intangible	∍	
24 25	29 3	30		Personal Property Tax.	☐Ye	s 1	□No
9. Name and Address of Cu	urrent Registered Agent	8		10. Name and Address of New Registere	d Agent		
GONCALVES, STELLA C 14541 SW 66TH AVE. MIAMI FL 33158		8.	3	dress (P.O. Box Number is Not Acceptable)	L 85	Zip C	ode
office or registered agent, or both, in the S agent. I am familiar with, and accept the o	State of Florida. Such change was aut	thorized b	y the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	of chang pointment	ing its r as reg	registered jistered
SIGNATURE Signature, typed or printed name of registere	ed agent and title if applicable. (NOTE: R	Registered Ag	ent signature requi	red when reinstating) DATE			
12. OFFICER	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE D	☐ DELETE	1.1 TITLE			□ Ct	hange	Additio
NAME GONCALVES, STELLA		1.2 NAME	.				
STREET ADDRESS 14541 SW 66TH AVENUE	ss 14541 SW 66TH AVENUE						
CITY-ST-ZIP MIAMI FL 33158		1.4 CITY-	ŞT-ZIP				
TITLE D	☐ DELETE	2.1 TITLE			□ Ct	hange	☐ Additio
NAME PEREZ, SANDRA	2		<u> </u>				
STREET ADDRESS 14541 SW 66TH AVENUE	EETADDRESS 14541 SW 66TH AVENUE 2		ET ADDRESS				
CITY-ST-ZIP MIAMI FL 33158		2. 4 CITY	-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE			☐ CF	hange	Additio
NAME		3.2 NAME					

6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

3.3 STREET ADDRESS 3.4, CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

SIGNATURE: ______

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME STREET ADDRESS

TITLE

DELETE

DELETE

DELETE

305-594-7356

☐ Addition

☐ Addition

Addition

☐ Change

☐ Change

☐ Change