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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000033687 (1)

CONCORD FINANCIAL CORPORATION

Principal Place of Business Mailing Address										.A10 00100 0131	A PHARITA	J
555 8. FEDERAL HWY. SUITE 330 BOCA RATON FL 33432 BOCA RATON FL 33432)33						
									 Date Incorporated or Qualified 04/25/1995 		ate of Last I /23/1996	
· · ·	lace of Busin	0ss	—————————————————————————————————————	2a, Mailing Address					4. FEI Number		P	Applied For
21	41 -4	26					APPLIED FOR			Not Applicable		
Sulte, Apt.		27					5. Certificate of Status Desired		Fee F	Additional Required		
City & State	9	— —	City & State					6. Election Campaign Financing	г		May Be	
Zip Country			28	Zip Country					Trust Fund Contribution	اطلعمماحا		d to Fees
24	ļ	25	29	.1.	30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
7.1		and Address of Cur							10. Name and Address of New Registered Agent			
LOR	D, HARTLE	Y				81	Nam	е				
	5 MANDARI					82	Stree	t Addre	ss (P.O. Box Number is Not Accepte	ible)		
BOC	CA BATON	FL 33433										
Á				63								
,						84	City	,, , , , , , , , , , , , , , , , , , ,		FL	85 Zip	Code
11. Pursuani t	to the provisi	ons of Sections 607.	0502 and 607	.1508, Florida Sta	atutes, the	above	-name	d corpo	oration submits this statement for the on's board of directors. I hereby according	purpose c	of changing	its registered
agent. I a	m familiar wil	in, and accept the of	ate of Florida digations of, S	Section 607.0505	as authoriz , Florida St	atutes	ine co L	прогано	in a board of directors. Thereby acci	prine app	JOHNHOUL &	is registered
SIGNATURE .												
	Signature, typed	or printed name of registered	AND DIRECT				nt signati	re required	When reinstaling)	DATE	DIPLOTO	NO IN 10
TITLE	D	OFFICERS	AND DIFFCOT	DELETE	13	THLE		T	ADDITIONS/CHANGES TO OFF	CERS ANI	Change	
NAME	LORD, HA	ARTLEY		_		NAME						
STREET ADDRESS		NDARIN DR							•			
CITY-ST-ZIP	BOCA RA	NTON FL 33433					1.4 CITY-\$1-ZIP					
TITLE	D			DELETE		ITLE		1			Change	Addition
NAME		, MAURICIO				NAME	AME TREET ADDRESS					
STREET ADDRESS		ndarian dr				STREET						
CITY-ST-ZIP	BOCA RA	ATON FL 33433			2 4	CITY-S	- ST - ZIP					
TITLE				☐ DELETE	31	THILE					☐ Change	Addition
NAME					3.2	MAME						
STREET ADDRESS					3.3	STREET	ADDRESS	3	•			
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NAME						NAME	IDD050					
STREET ADORESS CITY-S1-ZIP							ADDRESS	•				
TITLE				DELETE		CITY-S TITLE	1-71P				Change	Addition
NAME						NAME			900002 08 -02/12/97011	359	39.	
STREET ADDRESS						5.3 STREET ADDRESS		,		.230	148	
CITY-SI-ZIP						5.4 CITY-\$1-7IP			***165 . 00			
TITLE				DELETE		TITLE	- +-!	<u> </u>			Change	Addition
NAME	1				6.2	NAME					^	10
STREET ADDRESS					6.3	STREET	ADDRESS	3			2	36
CITY-ST-ZIP						CITY-S						1
14. I do heret informatio	oy certify that in indicated o	t the information sup- on this annual report	olied with this or supplemen	filing does not qualitation	ualify for th is true and	exe accu	mption irate ai	stated nd that r	in Section 119.07(3)(i), Florida Statul ny signature shall have the same leg as required by Chapter 607, Florida	es. I furthe	or certify that is if made to	the inder oath; that
i iam an of	niger or direc	ctor of the corporation	or try: receiv	/or/or trustee emp	cowered to	exec	ute this	s report	as required by Chapter 607, Florida	Statutes; a	and that my	/ name