FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000052169 (6)**

1. Corporation Name
CONCORDE INTERNATIONAL PROPERTIES, INC.

Principal Place of Business
615 SW ST LUCIE CRESCENT
SUITE 1-C
STUART FL 34994

Mailing Address
615 SW ST LUCIE CRESCENT
SUITE 1-C
STUART FL 34994

3. Date Incorporated or Qualified: 06/30/1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0592361 ☐ 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

GRENYER, ANDREW
615 SW ST LUCIE CRESCENT
SUITE 1-C
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: CRUM ROBERT L.
82 Street Address (P.O. Box Number is Not Acceptable): 615 S.W. ST. LUCIE CRESCENT
83 SUITE 1-C
84 City: STUART FL 85 Zip Code: 34994

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: Robert L. Crum   3-15-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P/S/D	☑ Change ☐ Addition
NAME	CRUM, ROBERT L		1.2 NAME	CRUM ROBERT L.	
STREET ADDRESS	P O BOX 7909 N/A		1.3 STREET ADDRESS	615 S.W. ST. LUCIE CRESCENT STE 1-C	
CITY-ST-ZIP	PT ST LUCIE FL 34985		1.4 CITY-ST-ZIP	STUART, FL 34994	
TITLE		☐ DELETE	2.1 TITLE	V/D	☐ Change ☒ Addition
NAME			2.2 NAME	CRUM MARY R.	
STREET ADDRESS			2.3 STREET ADDRESS	615 S.W. ST. LUCIE CRESCENT STE 1-C	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	STUART, FL. 34994	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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 do hereby 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. 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.

SIGNATURE: Robert L. Crum   Robert L. CRUM   3-15-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)