

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90091 002 ***150.00

DOCUMENT # P95000052169

1. Corporation Name

CONCORDE INTERNATIONAL PROPERTIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 725 PORT ST LUCIE BLVD #103 PT ST LUCIE FL 34984 US		Mailing Address 725 SE PORT ST LUCIE BLVD #103 PORT ST LUCIE FL 34984 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent MANDODY, JULIAN N. 720 SE PT ST LUCIE BLVD STE 103 PT ST LUCIE FL 34984		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	CRUM, MARY R	1.2 NAME	
STREET ADDRESS	725 SE PT ST LUCIE BLVD, STE 103	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	MDST	2.1 TITLE	
NAME	MANDODY, JULIAN W.	2.2 NAME	
STREET ADDRESS	10680 SOUTH OCEAN DR, SUITE 904	2.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	OLIPHANT, MILTON D.	3.2 NAME	
STREET ADDRESS	1650 CLYDESDALE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)