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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000056218 (7)

CUSTOM CONCEPTS CORPORATION

FILED May 05 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 201 N. MERIDIAN AVENUE TAMPA FL 33602 Mailing Address 201 N. MERIDIAN AVENUE TAMPA FL 33602-3618)
						3. Date incorporated or Qualified 07/20/1995	3a. Date 10/06	of Last F /1996	leport
2. Principal P	lace of Business	26. Mailing Address 26				4. FEI Number 59-3336031		 	pplied For of Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_			5. Certificate of Status Desired	K		Additional equired
City & Stat	e	City & State		_		6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Z)p 24	Country 25	Zip 29	30 Co.	intry			Yes [i	No	. 199.032,
	9. Name and Address of Currer	nt Registered Agent		-		10. Name and Address of New Re	gistered Ag	ent	
	JLL, JEFFREY			B1	Name				
602 SOUTH BLYD TAMPA FL 33606				82	Street Ad	Address (P.O. Box Number is Not Acceptable)			
				83				E 3	Codo
				84	City		FL	85 Zip	Code
SIGNATURE		ent and little if applicable (NO ID DIRECTORS DELETE	13.		ni signature red	aufred when remaitating) ADDITIONS/CHANGES TO OFFICE Violating Proceedings		IRECTOF Change	RS IN 12
TITLE NAME	PCEO PINDER, STANLEY N	L_J DELETE	1.1 T 1.2 N			Vice President Lawrence P. Germuska	L	J Change	LXJ Addition
STREET ADDRESS	4124 ALAFIA BOULEVARD BRANDON FL 33511				ADDRESS	110 Wild Oak Drive Brandon, FL 33511			
CITY-ST-ZIP TITLE	BRAIDON FL 33311	DELETE	1.4 C 2 1 T		T-ZIP	Secretary-Treasurer		Change	X Addition
NAME			2.2 N		1	Glenda R. O'Hara	_		44
STREET ADDRESS			2.3 \$	TREET	ADDRESS	908 Burlwood Street			
CITY-\$1-7IP			2.4 (ITY-	ST-ZIP	Brandon, FL 33511			
TITLE		DELETE	3.1 Te		-		<u></u>	Change	Addition
NAMÉ			3.2 N						
STREET ADDRESS					ADDRESS ST-ZIP				
CITY - ST - ZIP		DELETE	4.1 T		51-ZIF			Change	Addition
NAME			4.21				_		
STREET ADDRESS					ADDRESS				
CITY-ST-7IP			4.40	ITY-S	T-ZIP		·		
TITLE		DELETE	5.1 T	TLE				Change	Addition
NAME			5.2 N						
STREET ADORESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 C 6.1 T		T-ZIP			Change	Addition
NAME		_ occur	6.2 N				_	. c	
STREET ADDRESS			1		ADDRESS				
City-St-7/P			1		iT-ZIP				

14. I do hereby certify that the information stop information indicated on this annual regard I am an officer or director of the corps stor appears in Block 12 or Block 15 if classed bithis filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the lemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that receiver or true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE

Stanley N. Pinder NO OFFICER OR DIRECTOR

4-25-97

813-221-6682

Daytime Phone #