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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000056218 (7) CUSTOM CONCEPTS CORPORATION Principal Place of Business Mailing Address 201 N. MERIDIAN AVENUE 201 N. MERIDIAN AVENUE TAMPA FL 33602 TAMPA FL 33602 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 59-3336031 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country ZID Zin Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 29 25 30 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STULL JEFFREY 602 SOUTH BLVD Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33606 83 84 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. DELETE Addition **PCEO** 1.1 TITLE Change THILE NAME PINDER, STANLEY N 1.2 NAME 4124 ALAFIA BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS **BRANDON FL 33511** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME GERMUSKA, LAWRENCE P 22 NAME 110 WILD OAK DR STREET ADDRESS 2.3 STREET ADDRESS **BRANDON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE O'HARA, GLENDA R NAME 3.2 NAME 908 BURLWOOD ST STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP **BRANDON FL** 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address GERMUSKA 4.24.98 813-221 4482 SIGNATURE:

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

14. Thereby 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 accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in

■ Addition

Change