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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000077557 (3)

MIDWEST CONCEPTS. INC.

FILED Jan 27 1998 8:00am Secretary of State

	201 0011021 10, 1110				
Principal Plac	ce of Business	Mailing Address			18811 18881 Billet Billet 1881 1881
624-2 N.E. 12TH TERRACE 624-2 N.E. 12TH TERRAC			RRACE		
BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33				DO MOT MUSIC IN THE	
[DO NOT WRITE IN TH 3. Date incorporated or Qualified	IS SPACE
				10/04/1995	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0625843	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	├ ─┐ ′	8. This corporation owes or has paid the	
24	9, Name and Address of Curre		[30]	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes X No
W	OOLLEY, THOMAS J JR		81 Name	121 and remisers at the Hollings	
	9 EAST OCEAN AVENUE		20 5		····
SUITE 08			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	YNTON BEACH FL 33435		83		· · · · · · · · · · · · · · · · · · ·
-					,
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida St	tatutes, the above-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered
oπice or r agent. La	registered agent, or both, in the Stat am familiar with, and accept the obli	to of Florida. Such change w gations of, Section 607.0505	vas authorized by the corpora 5. Florida Statutes.	ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	•				
	Signature, typed or printed name of registered a		(NOTE: Registered Agent signature requ	uired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	0	☐ DELETE			Change Addition
NAME	WEIR, RITA		1.2 NAME		
STREET ADDRESS	624-2 N.E. 12TH TERRACE	-	13 STREET ADDRESS		
CITY-ST-ZIP TITLE	BOYNTON BEACH FL 33435	DELETE	1.4 C/TY-ST-Z/P		T Observe T Address
NAME					Change Addition
STREET ADDRESS			2.2 NAME	No.	
CITY-ST-ZIP			2.3 STREET ADDRESS		
TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		El orango El Madition
STREET ADDRESS			3.3 STREFT ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	18.4	☐ 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			54 CITY-ST-ZIP		ļ
TITLE		☐ DELETE	61 TIFLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby c	erlify that the information supplied a	with this filing doos not quali	by for the exemption stated in	Section 110 07/3\(ii) Florida Statutos I further	portific that the information

4. I bereby 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 control 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.

CICALATURE.

R. We

14 14 1900 # 1.724.942