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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000010461 (7)

CONCEPTS IN MOTION, INC.

Principal Place of Business	Mailing Address
3022 W. SWANN AVE. TAMPA FL 33629	P.O. BOX 18712 TAMPA FL 33679-8712

FILED Apr 29 1997 8:00am Secretary of State

3022 W. SWANN AVE. P.O. BOX 183 TAMPA FL 33829 TAMPA FL 33										
						3. Date Incorporated or Qualified 01/29/1996	3a. Date of Last	Peport		
2. Principal P	Place of Business	2a. Mailing /	Address			4. FEI Number	<u> </u>	Applied For		
21		26	26			S9 3354769 Not Applicable				
Sulte, Apt. #, etc.		Suite, Ap	Suite, Apt #, etc.			5. Certificate of Status Desired	DM + + + + + +	\$8.75 Additional Fee Required		
City & Stat	10	City & St	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution		d to Fees		
Zip	Country	Zip		Country	,	8. This corporation has liability for it	ntangibl <u>e t</u> ax under	s. 199.032,		
24	[25]	29	30	<u> </u>			Yes No			
	9. Name and Address of Curr	ent Registered Age	ent	81		10. Name and Address of New Reg	gistered Agent			
	NZEL, CHRIS			81	Name					
	7 W. EMERALD DR. INDON FL 33511			82	Street A	ddress (P.O. Box Number is Not Acceptab	le)			
DNA	MDON LF 22211			83				_,		
ı				-						
				84	City		FL 85 Zip	Code		
11. Pursuant office or a agent. I a	to the provisions of Sections 607.09 registered agent, or both, in the Sta am familiar with, and accept the obli	002 and 607.1508, le of Florida. Such ogations of Section	Florida Statutes, chango was autl 607.0505, Floric	the above horized by la Statule:	e-named c the corpo	orporation submits this statement for the protection's board of directors. I hereby accep	urpose of changing If the appointment a	its registered is registered		
SIGNATURE	0. 7			, ang amarang an						
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS	(NOIE · R	tegistered Age	oni signature re	equired whon reinstalling) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTO	VBS IN 12		
TITLE	01110211071		DELETE	1.1 11TLE	T		Change			
NAME			_	1.2 NAME		President/C/T Chris Wenzel				
STREET ADDRESS				1.3 STREET	ADDRESS	in S W. Emerald be				
CITY-ST-ZIP				1.4 CHTY - S		1007 W. Emerald Dr. Brandon FL 33	5-11			
TITLE			DELETE	2 1 11TLF		0	☐ Change	Addition		
NAME				2 2 NAME						
STREET ADDRESS				2 3 STREET	ADDRESS					
CITY-ST-ZIP				2. 4 CHY-5	ST-7IP					
TITLE		L	DELETE	3.1 THILE			☐ Change	Addition		
NAME				3.2 NAM€						
STREET ADDRESS				3.3 STREET	ADDRESS					
CITY-ST-ZIP			_	3.4. CITY - 9	ST-ZIP					
TITLE		L	_] DELETE	4.1 1111.8			Change	Addition		
NAME				4. 2 NAME						
STREET ADDRESS				4.3 \$1RE£1	ADDRESS					
CITY-ST-ZIP				4.4 Cily - S	1 - ZIP			·		
TITLE		Ĺ	_] DELETE	5.1 TITLE			☐ Change	Addition		
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREET	ADDRESS					
CITY-ST-ZIP				5.4 C(1Y - S	1 - ZIP					
TITI F	I	i	DELETE	CATILIT	I		Change	. I Addition		

14. I do hereby certify that the information supplied with this filling 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.