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FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Worthy, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000013377 (2)

1. Corporation Name
MY PERSONAL CONCIERGE, INC.

Principal Place of Business
800 LAUREL OAK DRIVE
SUITE 205
NAPLES FL 33963 34108

Mailing Address
800 LAUREL OAK DRIVE
SUITE 205
NAPLES FL 33963 34108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/12/1996	
22 City & State		27 City & State		4. FEI Number 65-0669-020	
23 Zip		28 Zip		APPLIED FOR	
24 Country		30 Country		Applied For	
				Not Applicable	
				6. Certificate of Status Desired	
				8. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

ROSEN, VALERIE A
800 LAUREL OAK DRIVE
SUITE 205
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name	Peggy Goldstein
82 Street Address (P.O. Box Number is Not Acceptable)	800 Laurel Oak Dr.
83 Suite	Suite 205
84 City	Naples
85 Zip Code	FL 34108

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 Peggy Goldstein director

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 2/16/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	PSD
NAME	ROSEN, VALRIE A	1.2 NAME	Goldstein, Peggy
STREET ADDRESS	800 LAUREL OAK DRIVE, SUITE 205	1.3 STREET ADDRESS	800 Laurel Oak Dr. #205
CITY-ST-ZIP	NAPLES FL 33963	1.4 CITY-ST-ZIP	Naples, FL 34108
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Peggy Goldstein director

2/16/98 941-514-1066

CR2E034 (10/97)