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FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000018073 (2)

1. Corporation Name
CONCEPTICS INC.



Principal Place of Business
P O BOX 2163
MELBOURNE FL 32902-2163

Mailing Address
P O BOX 2163
MELBOURNE FL 32902-2163

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

SIMPSON, DANIEL
2010 BONITA AVE
MELBOURNE BEACH FL 32951

3. Date Incorporated or Qualified

02/26/1996

3a. Date of Last Report

4. FEI Number

59-3367449

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS
11.4 CITY-ST-ZIP

11.5 TITLE

11.6 NAME

11.7 STREET ADDRESS

11.8 CITY-ST-ZIP

11.9 TITLE

11.10 NAME

11.11 STREET ADDRESS

11.12 CITY-ST-ZIP

11.13 TITLE

11.14 NAME

11.15 STREET ADDRESS

11.16 CITY-ST-ZIP

11.17 TITLE

11.18 NAME

11.19 STREET ADDRESS

11.20 CITY-ST-ZIP

11.21 TITLE

11.22 NAME

11.23 STREET ADDRESS

11.24 CITY-ST-ZIP

11.25 TITLE

11.26 NAME

11.27 STREET ADDRESS

11.28 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 10 1997 407-951-9389

Date

Daytime Phone #

0108543

CR2E034 (9/96)