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

PROFIT DRPORATION JUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

TOCUMENT # P96000030065 (2)

CONCEPTS IN COMMUNICATION, INC.

Mailing Address

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97 MAY -6 PH 3: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| 2948 NORTHWEST 60TH STREET FT. LAUDERDALE FL 33309 | | FT. LAUDERDALE FL 3330 | | | | |
|---|---|---|---|---|---|--|
| | | | | 3. Date Incorporated or Qualified 04/05/1996 | 3a. Date of Last Report | |
| 2. Principal Place of Business 28. Mailing Add | | | | 4. FEI Number | Applied For | |
| 21 | | 26 | | | Not Applicable | |
| Suite, Apt #, etc. | | Suite, Apt. #, etc. | | P. Canificate of Otation Desired | \$8.75 Additional | |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required | |
| City & State | 0 | City & State | ************************************** | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | 28 | | | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation has liability for i | ntangible tax under s. 199.032, | |
| 24 | 25 | 29 | 30 | Florida Statutes | Yes No | |
| | 9. Name and Address of C | urrent Registered Agent | | 10. Name and Address of New Registered Agent | | |
| | ls, mark | | 81 Name | | | |
| | 8 Northwest 6 0th strei Lauderdale FL 33309 | ET | 82 Street Ac | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | | |
| | | | 84 City | A 454 A 111 - 111 A 111 | FL 85 Zip Code | |
| 11. Pursuant office or ragent la | to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the | 7.0502 and 607.1508, Florida Statut State of Florida. Such change was a obligations of, Section 607.0505, Flo | es, the above named or authorized by the corpo- orida Statutes. | orporation submits this statement for the p ration's board of directors. I hereby accep | urpose of changing its registered at the appointment as registered | |
| SIGNATURE | | | | | | |
| | Signature: typed or printed name of registe | | Registered Agent signature re | | DATE | |
| 12. | OFFICER | S AND DIRECTORS DELETE | 13. | ADDITIONS/CHANGES TO OFFIC | Change Addition | |
| †:↑L E | HALLERAN, TIM | E.J DELEVE | | | CHANGE | |
| NAM! | 2948 NORTHWEST 60TH | STREET | 1.2 NAME | | | |
| STHEET ADDRESS | FT. LAUDERDALE FL 333 | | 1.3 STREET ADDRESS | | İ | |
| CITY - ST - ZIP | D D | DELETE | 1.4 CITY-ST-ZIP | | Change Addition | |
| TITLE | | ☐ DELETE | 2 1 TITLE | | Change C Accumi | |
| NAMÉ | MILLS, MARK 2948 NORTHWEST 60TH | etdect | 2.2 NAME | | | |
| STREET ADDRESS | FT. LAUDERDALE FL 333 | | 2.3 STREET ADDRESS | | | |
| CHY-SI-ZP | | | 2. 4 CITY - ST - ZIP | | | |
| TITLE | D | DELETE | 3.1 TITLE | | Change Addition | |
| NAME | O'NEILL, BILL | ATREET | 3.2 NAME | | | |
| STREET ADDRESS | 2948 NORTHWEST 60TH | | 3.3 STREET ADDRESS | | | |
| CITY+SI+7i₽ | FT. LAUDERDALE FL 333 | | 3.4. CITY-\$T-ZIP | | | |
| TillE | | ☐ DELETE | 4.1 TITLE | | Change Addition | |
| NAME | | | 4. 2 NAME | | | |
| STREET ADORESS | | | 4.3 STREET ADDRESS | • | | |
| CHTV - ST - ZVP | | | 4.4 CITY-ST-ZIP | | | |
| THLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | | | 5.2 NAME | | | |
| STREET ADORESS | | | 5.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | 5.4 CITY - ST - ZIP | | | |
| Tifut | | DELETE | 61 TITLE | 1,10 | Change Addition | |
| NAME | | | 62 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| City-St-7/P | | | 6 4 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:

WILLIAM DIVETUL SIGNING OFFICER OR DIRECTOR

(954) 970-1993