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 #

P96000051708

CONCORDE TRADING SERVICES, INC.

Principal Place of Business

Mailing Address

FILED May 05 1998 8:00am Secretary of State

5840-C S. Semoran Blvd. Orlando, FL 32822		5840-C S. Semoran Blvd. Orlando, FL 32822			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
}					6/13/96	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
* '	S. Semoran Boulevard	26 215 N. Eola Drive			59-3435075 Not Applicable	
Suite, Apt		Suite, Apt #, etc.			5. Certificate of Status Desired See Required Fee Required	
**	ndo, FLorida	City & State 28 Orlando, Florida			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Ζιρ 24 3282		02002 -	Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	Registered Agent		1	10. Name and Address of New Registered Agent	
ВЕСКЕТТ		81	Name			
	th Eola Drive		82 St		Address (P.O. Box Number is Not Acceptable)	
Orlando, Florida 32801				 		
	,		83			
			84		FL 85 Zip Code	
11. Pursuant office or r agent. I s	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obliga	and 607.1508, Florida Statutes of Florida. Such change was autons of, Section 607.0505, Flori	the abov thorized by ida Statute	e-named the cors.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE						
	Signature typed or printed name of registered agen			ent signatur	e required when reinstating) DATE	
12. TITLE	OFFICERS AND	DELETE DELETE	13. 1,1 fitle		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DPST Addition Addition	
NAME	DPST	C VELETE	1.1 TITLE			
STREET ADDRESS 5840-C S. Semeran Blvd.				ADDRESS	LIEW, CHIEN E.	
CITY-ST-ZIP	- 5540-C S. Semeran E - Orlando, FL 32822	TAG*	1.3 STREET		5760 S. Semoran Blvd. Orlando, FL 32822	
TITLE			2.1 TITLE	211.514	Change Addition	
NAME			2.2 NAME		- Charge Ed Marion	
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2 4 CITY-			
TITLE	☐ DELETE		3 1 TITLE			
NAME			3.2 NAME			
STREET ADDRESS			33 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY - 8	ST-ZIP		
TITLE	☐ DELETE •				☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	address	,	
CITY-ST-ZIP			4.4 CITY - S	T - ZIP		
TITLE	☐ DELETE :		5.1 THTLE		☐ Change ☐ Addit	
NAME			5 2 NAME		\ <u>`</u>	
STREET ADORESS			5 3 STREET	ADDRESS	ِ 'خ.لہ ا	
CITY-ST-ZIP			54 CITY-S	T-ZIP)	
TITLE	☐ DELETE 61		61 THILE		500002510506 □ Addition -05/05/9801032027	
NAME			6 2 NAME		***150.00	
STREET ADDRESS			63 STREET		****12U.UU	
CITY-ST-ZIP			6 4 CITY - S	T - ZIP		

14. Thereby 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 algorithment with an address.
SIGNATURE:
4-29-98
407/380-5183

SIGNATURE:

4-29-98

407/380~5183