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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000057127 (8)

CONCORDE-WESTRIDGE, INC.

FILED Apr 28 1997 8:00am Secretary of State



| Principa: Place of Business 12954 N DALE MABRY HWY TAMPA FL 33618 | | Mailing Address 1264 N DALE MABRY HWY TAMPA FL 33618-2806 | | | | F 16 2 14 2 16 16 16 16 2 16 16 2 16 16 2 16 16 2 16 16 16 16 16 16 16 16 16 16 16 16 16 | | |
|--|---|---|---|---|--|--|---|--|
| | | | | | 3. Date Incorporated or Qualified 07/03/1996 | 3a. Date of I | Last Report | |
| 2. Principal Place of 21 //0/5 N-3 | | 26 | | Als Maby Huy | 4. FEI Number 59-339/153 | | Applied For Not Applicat | |
| Suite, Apt #, etc. | / / | 27 | Suite, Apt #, etc. | | 5. Certificate of Status Desired | | .75 Additional | |
| City & State | | | City & State | | Election Campaign Financing Trust Fund Contribution | | 5.00 May Be | |
| Zφ | Country | | Zip | Country | 8. This corporation has liability for | r intangible tax ur | | |
| 4 | 25 ame and Address of Curre | 29 | | 30 | Florida Statutes 10. Name and Address of New R | Yes No | | |
| II. Pursuant to the p office or register agent Tani famil | provisions of 869 ions 607.05 and agonation both, in the State | 02 and 60 e of Floride galley of | 7, 1508, Florida Sta Such change wa Section 607,0305, | 84 City atutes, the above-named cas authorized by the corpo | corporation submits this statement for the oration's board of directors. I hereby acce | FL 85 purpose of chan- ept the appointment | Zip Code 334// ging its registered ant as registered | |
| SIGNATURE Spinator | (Mond)/ | gent and title it. | -10 d | NOTE: Registered Agent signature re | 4 | -19-97 | | |
| 12. | OFFICERS AN | | | 13. | ADDITIONS/CHANGES TO OFFI | ICERS AND DIRE | CTORS IN 12 | |
| itit 🎜 | | | DELETE | 1.1 TITLE | P | ☐ Cr | hange Additi | |
| IAME | | | | 1.2 NAME | Schwarke KIM M | | • | |
| THEFT ADORESS | | | | 1.3 STREET ADDRESS | 1603 N. Riverbills DA | ೭ | | |
| TY-S1 2IF | | | | 1.4 CITY - ST - ZIP | Tenak Terroce F1 33 | 417 | | |
| ILE | | | ☐ DELETE | 2.1 TITLE | VP T | . I I (r) | hange Addit | |
| AMf | | | | | | L 61 | renge Andre | |
| TREET ADORESS | | | | 2.2 NAME | Murphy Thomas & | 0 | icargo Zanaon | |
| | | | | 2.2 NAME 2.3 STREET ADDRESS | 19urphy Thomas A 3025 Samara De | 0 | lange | |
| | | | Drieve | 2. 4 CITY - ST - ZIP | Murphy Thomas A- 3025 SAMARA DE TAMPA FI 33618 | 1 | | |
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| TLE NME | | | DELETE | 2. 4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME | VRSV Auger Al | 1 | | |
| TLE AME THREET ADORESS | | | ☐ DELETE | 2. 4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | VRSV Auger Al 103 Country side Dr | 1 | | |
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If 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. If 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 Conformation 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 and 13 if changed, or on aparticipation with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

19-97 813 269-0899