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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000090552 (6)

MARKETING CONCEPTS, INC.

Principal Place of Business Mailing Address									
1449 MEDOC LANE		1449 MEDOC LANE	1449 MEDOC LANE						
SUITE 300		SUITE 300							
FORT MYERS	5 FL 33919	FORT MYERS FL 33919-34	426				 _		
:	₹. 					3. Date Incorporated or Qualified 11/01/1996		of Last Ro	eport
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	-	Apı	plied For	
21		26			65-0706/16 Not Applicable				
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.7 5 a		
22		27			2. Commente di Ciatta Boomed		Fee Rec	quired	
City & State		City & State			6. Election Campaign Financing	_	\$5.00 1		
Zip	Country	28 Zip	T Co	mte.		Trust Fund Contribution		Added to	
24	25	29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
METCALFE, WILLIAM D				81	Name				
1449 MEDOC LANE				82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
SUITE 300									
FORT MYERS FL 33919				83					
			ŀ	84	City			35 Zip C	'oda
					•			1 '	
11. Pursuar office or agent. I	nt to the provisions of Sections 607.050 r registered agent, or both, in the State I am familiar with, and accept the obliga	i2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, Fl	tes, the ab authorized lorida Stati	ove by utes	-named co the corpor	orporation submits this statement for the patients at a statement of directors. I hereby acceptation's board of directors.	urpose of chot the appoint	anging its iment as r	registered egistered
SIGNATURE									
Signature, typed or printed name of registered agent and little if applicable (NOTE:					nt signature req	juired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS Delete			13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	D METCALES MILLIAM D		1.1 THTLE			لــا	Change	Addition	
NAME	METCALFE, WILLIAM D ADDRESS 1449 MEDOC LANE, SUITE 300		. 1.2 NA	1.2 NAME					
STREET ADDRESS	FORT MYERS FL 33919	,	1.3 STREET ADDRESS						
CITY-ST-ZIP	D LOUI WIEUO LE 22218	DELETE	1,4 CITY-ST-ZIP		- ZIP		· · · · · · · · · · · · · · · · · · ·		
NAME	BRETSCHNEIDER, RICHARD N			2.1 TITLE			لــا	Change	Addition
STREET ADDRESS 6858 CANDELWOOD DRIVE			2.2 NAME						-
		2 3 STREET ADDRESS							
CITY-ST-ZIP	FORT MYERS FL 33919			2 4 CHY- S1 - ZIP				Chaore	A delica
NAME	DAVIS, JOHN W			3.1 TITLE 3.2 NAME				Change	Addition
STREET ADDRESS	TARA GOLDINGS IN COLUMN				Popuco				
CITY-ST-ZIP	FORT MYERS FL 33905				ADDRESS				
FILL STATE	I THIS INTERIOR TE COUCE		3.4. CI1	14-S1	- ZIP				

CITY-ST-ZIP 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 130 ichanged, or on an attachment with an address.

4.1 7(1).8

4.2 NAME

51 THUE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

4.4 CHTY-ST-ZIP

DELETE

DELETE

DELETE

TITLE (

NAME

STREET ADDRESS

STATET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

☐ Change

Change

Addition

Addition

Addition

FILED

Apr 15 1997 8:00am

Secretary of State