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

	CONCEPTS, INC.	0096324	(4)				ARINA ARINA ARINA ARINA ARINA ARINA ARINA	
Principal Place	of Business	Mailing Addres	5			a nadiloga nigogan olan olan galik bahir bahir	ANNO NEND BURDE NEND NOON DEDT 1900)	
9250 N.E. 28TH 8 SUITE 201	STREET	3250 N.E. 28TH \$ SUITE 201	STREET					
FORT LAUDERDA	LÉ FL 33308		FORT LAUDERDALE FL 33308-7444			\		
						3. Date Incorporated or Qualified 11/22/1996	3a. Date of Last Report	
2. Principal Plac	ce of Business	2a. Mailing Add	ross			4. FEI Number	2 Applied For	
21		26				65-071683	Not Applicat	
Sulte, Apt. #,	, ØIC.	Suite, Apt. #	, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		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	intangible tax under s. 199.032,	
4	25	29	30	<u> </u>		Florida Statutes	Yes No	
	9. Name and Address of Curr	ent Registered Agent			Niere -	10. Name and Address of New Re	gistered Agent	
	CHARLES B			81	Name			
4431 DAVIE ROAD SUITE 121				82	Street Add	lress (P.O. Box Number is Not Acceptab	ile)	
	121 FL 33314			83				
DAVIE	FE 33314							
				84	Crty	-	FL 85 Zip Code	
11. Pursuant to office or rec	the provisions of Sections 607.0 gistered agent, or both, in the Sta familiar with, and accept the ob-	502 and 607.1508, Flori ale of Florida. Such cha-	da Statutes, nge was auti	the above	e-named cor the corpora	poration submits this statement for the pation's board of directors. I hereby accep		
SIGNATURE _	Ignature, typed or printed name of registimed					irod when reinstating)	DA1£	
12.	OFFICERS /	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
1 7	0		ELETE	11 TITLE	_		Change Additi	
NAME (CHIOFOLO, KERENSA J	TT 004		1.2 NAME	}			
	3250 N.E. 28TH STREET, SU			1.3 STREET	i			
CITY-ST-ZIP TITLE	FORT LAUDERDALE FL 3330		[tEIE	1.4 City- S	T-ZIP		Change Additi	
NAME	L_; 01			2.1 TITLE 2.2 NAME			⊏1 cusuðs 11 ¥00un	
STREET ADDRESS				23 STREET	ADDRESS			
CITY-ST-ZIP				2.4 C(TY-5				
TITLE			ĒLF1Ē	3.1 TITLE	×		☐ Change ☐ Addili	
NAME				3.2 NAME)	•	· ·	
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP		·		3.4 CITY-5	ST-ZIP			
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NAME				4. 2 NAME	-			
STREET ADDRESS				4.3 STREET	i			
CITY-ST-ZIP			ELETE	4.4 CHY-S	11 - 71P		Channa Flaure	
TITLE		L_J V	LICIE	5.1 TITLE	-		L Change L Additi	
NAME STREET ADDRESS			İ	5.2 NAME	AUDRECE			
CITY-ST-ZIP				5.3 STREET	į.			
TITLE		<u> </u>	ELFTE	5 4 CHTY-S 6.1 THILE	1-21		Change Additi	
NAME				6.2 NAME)		- Consider the Constitution	
STREET ADDRESS				63 STREET	ADDRESS			

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 eath; 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 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

FILED

May 14 1997 8:00am

Secretary of State