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Secretary of State

04-26-1999 90143 045 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101682

1. Corporation Name
CONCEPT ELITE, INC.

Principal Place of Business
259 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024

Mailing Address
259 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/17/1996

4. FEI Number
65-0717583

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 257 N. University Dr.

2a. Mailing Address
26 257 N. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TS
NAME PIRO, DONNA M
STREET ADDRESS 7808 RAMONA ST.
CITY-ST-ZIP MIRAMAR FL ☒ DELETE

TITLE V
NAME ABDUL, ANGIE
STREET ADDRESS 7808 RAMONA ST.
CITY-ST-ZIP MIRAMAR FL ☒ DELETE

TITLE P
NAME RODGERS, CONNIE
STREET ADDRESS 4101 SW 139TH AVE.
CITY-ST-ZIP MIRAMAR FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE VTS
12 NAME PIRO, DONNA M
13 STREET ADDRESS 13371 SW 40 ST.
14 CITY-ST-ZIP DAVIDE, FL. 33330 ☒ Change ☐ Addition

21 TITLE P
22 NAME JACKSON, MARIA
23 STREET ADDRESS P.O. Box 50413
24 CITY-ST-ZIP OPA ROCKA FL. 33056 ☐ Change ☒ Addition

31 TITLE P
32 NAME JACKSON, MARIA
33 STREET ADDRESS 500 NE 90th St.
34 CITY-ST-ZIP MIAMI SHORES, FL 33138 ☐ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

Maria Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-99
Date

Daytime Phone #

CR2E034 (1/198)