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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Mar 13 1998 8:00am Secretary of State

P.O. BOX 270042 TAMPA FL 33888 P.O. BOX 270042 TAMPA FL 33888 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/28/1998 3. Date Incorporated or Qualified 3. Date Incorporated or Qualified 12/28/1998 3. Date Incorporated or Qualified Incorporated Incorporated Or Qualified Incorporated Incorporated Incorporated I	1 '	MENT # P96000 STATE CONCEPT'S, INC.)104445 (7)			
P.O. BOX 27004 TAMPA FL 3088 TAMPA FL 3088 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/8/1998 2. Principal Place of Business 24. Minking Address 25. Suffo, Apt. 8, ctc. 27. Suffo, Apt. 8, ctc. 28. Suffo, Apt. 8, ctc. 29. Suffo, Apt. 8, ctc. 20. Suffo, Apt. 8, ctc. 20. Suffo, Apt. 8, ctc. 20. City & State 20. City & State 20. City & State 20. City & State 21. City & State 22. City & State 23. Country 24. Country 25. Suffo, Apt. 8, ctc. 26. Suffor Applied For A	Principal Plan	e of Business	Mailing Address		I ICERREN IRE IDER BRIN BRIN BRIN BRIN BRIN ROHN ROHN BRIN BRIN BRIN BRIN BRIN BRIN BRIN BRI		
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29 Country 7:p Country 8. This corporation was not a Address of Current Registrated Agent 9. Name and Address of Current Registrated Agent 10. Name and Address of Name Registered Agent 10. Name Address (P.O. Box Number is Not Acceptable) 10. Name Name Name Name Name Name Name Name	22		27				
Country 26		e	City & State		6. Election Campaign Financing \$5.00 May Be		
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Sirver Address (P.O. Box Number is Not Acceptable) 13. Sirver Address (P.O. Box Number is Not Acceptable) 14. Pursuant to the provisions of Sociains 607 0502 and 607 1508. Fortida 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 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 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 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 Statutes, the above-named corporation submits this statement for the purpose of changing the registered agent		Country		1 8			
P. Name and Address of Current Registered Agent CASE, ALVIN D 8240 WEST PORT DRIVE PORT RICHEY FL 33688 82 Stroot Address (P.O. Box Number is Not Acceptable) 83 Viring Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Socious 677 0502 and 677 1606 Forms Statutes, the second-named corporation submits this statement for the purpose of changing its registered agent Laminary with, and accept the obligations of Socious 607 0505, Florida Statutes 85 Stroot Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Socious 677 0502 and 677 1606 Forms Statutes 86 Stroot Address (P.O. Box Number is Not Acceptable) 12. Correction's board of directors. I hereby accept the appointment as registered agent Laminary with, and accept the obligations of Socious 607 0505, Florida Statutes 86 Stroot Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Socious 677 0502 and 677 1606 Forms Statutes 87 Stroot Address (P.O. Box Number is Not Acceptable) 12. Correction's Socious advantages and the seglected directors. I hereby accept the appointment as registered agent Laminary and the seglected directors. I hereby accept the appointment as registered agent Laminary and the seglected directors. I hereby accept the appointment as registered agent Laminary agent present agent as the seglected of directors. I hereby accept the appointment as registered agent Laminary agent present agent agen		— ·	r	h, '			
CASE, ALVIN D 8240 WEST PORT DRIVE PORT RICHEY FL 33688 85				[30]			
B2 Street Address (P.O. Box Number is Not Acceptable) B3 Zip Code	CA		<u> </u>	81 Name	181 manufactor at 11811 (1981steine Whait		
PORT RICHEY FL 33688 Ball City FL Ball Zip Code				60 Change 4 at	drops /D.O. Day Niverbania Nive Access (1)		
### Big Bi				bz) Street Add	dress (P.O. Box number is not Acceptable)		
11. Pursuant to the provisions of Sections 607 6502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent (an item familiar with, and accept the obligations of Section 607 6505, Florida Statutes. SIGNATURE Signature	İ			83			
11. Pursuant to the provisions of Sections 607 6502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent (an item familiar with, and accept the obligations of Section 607 6505, Florida Statutes. SIGNATURE Signature				84 City	QE Zin Code		
SIGNATURE				,	FL T		
Signature, typed or princin many of regolarized against and filled againstances (PACTE Regolarized Against signature required when reinstating) DATE	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.						
TITLE				TE: Registered Agent signature requ	ulred when reinstating) DATE		
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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 of 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 chapter 607, or an attachipter with an address.