

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000027361 (9)**

1. Corporation Name

CONCORDE-REGENCY, INC.

Principal Place of Business

**12854 NORTH DALE MABRY HIGHWAY
TAMPA FL 33618**

Mailing Address

**12854 NORTH DALE MABRY HIGHWAY
TAMPA FL 33618**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1997

4. FEI Number

59-3441861

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 11015 N. Dale Mabry Hwy.

Suite, Apt. #, etc.

2a. Mailing Address

26 11015 N. Dale Mabry Hwy.

Suite, Apt. #, etc.

City & State

23 Tampa, FL

Zip

24 33618

Country

25 US

City & State

28 Tampa, FL

Zip

29 33618

Country

30 US

9. Name and Address of Current Registered Agent

**SCHWENCKE, KERRY R ESQ
1845 PALM BEACH LAKES BOULEVARD
SUITE 720
WEST PALM BEACH FL 33401**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **D/V/T**

1.3 STREET ADDRESS **Thomas J. Murphy**

1.4 CITY-ST-ZIP **10503 Sago Drive**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D/V**

2.3 STREET ADDRESS **Al R. Auger**

2.4 CITY-ST-ZIP **103 Countryside Drive**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **D/P**

3.3 STREET ADDRESS **Kim M. Schwencke**

3.4 CITY-ST-ZIP **1603 N. Riverhills Drive**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **D**

4.3 STREET ADDRESS **A.G. Rappaport**

4.4 CITY-ST-ZIP **806 Guisando de Avila**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **S**

5.3 STREET ADDRESS **Kevin A. Chandler**

5.4 CITY-ST-ZIP **3603 W. Tacon Street**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE

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