

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90059 021 ***158.75

DOCUMENT # P97000034101

1. Corporation Name

CONCORDE FINANCIAL ENTERPRISES, INC.



Principal Place of Business

1209 SEA PLUME WAY
SARASOTA FL 34242

Mailing Address

1209 SEA PLUME WAY
SARASOTA FL 34242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1997

4. FEI Number

65-0746791

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

21 101 Ben Franklin Dr

Suite, Apt. #, etc.

22 # 23

City & State

23 Sarasota FL

Zip

24 34236

Country

25 USA

2a. Mailing Address

26 101 Ben Franklin Dr

Suite, Apt. #, etc.

27 # 23

City & State

28 Sarasota F

Zip

29 34236

Country

30 USA

9. Name and Address of Current Registered Agent

HELMER, R L
1209 SEA PLUME WAY
SARASOTA FL 34242

10. Name and Address of New Registered Agent

81 Name

R L Helmer

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

101 Ben Franklin Dr. #23

83

84 City

Sarasota

FL

85 Zip Code

34236

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

R L Helmer
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-99

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HELMER, R L
STREET ADDRESS 1209 SEA PLUME WAY
CITY-ST-ZIP SARASOTA FL 34242

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

R L Helmer

☒ Change

☐ Addition

1.2 NAME

101 Ben Franklin Dr #23

1.3 STREET ADDRESS

Sarasota FL 34236

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Robert L. Helmer
Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

4-13-99 941-918-8266

CR2E034 (11/98)

0475298