

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. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000039759 (0)

1. Corporation Name

CONCORDE HALLANDALE, INC.



Principal Place of Business

12954 NORTH DALE MABRY HWY
TAMPA FL 33618

Mailing Address

12954 NORTH DALE MABRY HWY
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

59-3444625

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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.

22

City & State

23 Tampa, FL

Zip

24 33618

Country

25 US

2a. Mailing Address

26 11015 N. Dale Mabry Hwy.

Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

Zip

29 33618

Country

30 US

9. Name and Address of Current Registered Agent

O'NEILL, ALBERT C JR
2700 BARNETT PLAZA
101 E KENNEDY BLVD
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 filer acceptable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME RAPPAPORT, A G
STREET ADDRESS 12954 NORTH DALE MABRY HWY
CITY-ST-ZIP TAMPA FL 33618

☐ DELETE

TITLE D
NAME AUGER, ALBERT R
STREET ADDRESS 103 COUNTYSIDE DRIVE
CITY-ST-ZIP LONGWOOD FL 32777

☐ DELETE

TITLE D
NAME SCHWENCKE, KIM M
STREET ADDRESS 12954 NORTH DALE MABRY HWY
CITY-ST-ZIP TAMPA FL 33618

☐ DELETE

TITLE D
NAME MURPHY, THOMAS J
STREET ADDRESS 12954 NORTH DALE MABRY HWY
CITY-ST-ZIP TAMPA FL 33618

☐ 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 D ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 11015 N. Dale Mabry Hwy.
14 CITY-ST-ZIP

21 TITLE D/V ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE D/P ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS 11105 N. Dale Mabry Hwy.
34 CITY-ST-ZIP

41 TITLE D/V/T ☒ Change ☐ Addition

42 NAME
43 STREET ADDRESS 11015 N. Dale Mabry Hwy.
44 CITY-ST-ZIP

51 TITLE S ☐ Change ☒ Addition

52 NAME Kevin A. Chandler
53 STREET ADDRESS 3603 W. Tacon Street
54 CITY-ST-ZIP Tampa, FL 33629

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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.

CR2E034 (10/97)