

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

05/01/92

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000094451

1. Corporation Name
CONCEPTS BY CALDERON, INC.

Principal Place of Business 19135 U.S. 19 N. STE. D16 CLEARWATER FL 34624	Mailing Address 19135 U.S. 19 N. STE. D16 CLEARWATER FL 34624
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/04/1997	4. FEI Number 59-351571	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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

CALDERON, JASON
19135 U.S. 19 N. STE. D16
CLEARWATER FL 34624

10. Name and Address of New Registered Agent	81 Name	82 Street Address (P.O. Box: Number is Not Acceptable)	83	84 City	85 Zip Code
--	---------	--	----	---------	-------------

11. Pursuant to the provisions of Sections 607.0601 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 607.0605, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
	DPT	CALDERON, JASON	19135 U.S. 19 N. STE. D16	CLEARWATER FL 34624
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	☐ Change ☐ Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	☐ Change ☐ Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	☐ Change ☐ Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	☐ Change ☐ Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	☐ Change ☐ Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	☐ Change ☐ Addition

04-26-1999 90264 054-15000
B.

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #

CR2E034 (1/98)