05101999-90297-037-\$158.75-\$158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000022225

1. Corporation Name						<u> </u>			
THE CONCIERGE CONNECTION INC.									
,2 00,0,0,0,0						1 183 486 116 1818	1 5 17 55 6 1 756 5 17 56 6 17 5	18 19818 19 <mark>818</mark> 63837	(1774) BULL 1881
								<u> </u>	
Principal Place of Business		Mailing	Address			- T 15 BILL O 11 11 I I I I I I I I I I I I I I I I	i förti Odin sam Dönt Odin	TA STOLE ITOLO ITOLO	rindi Alst rabi
1320 N.E. 171 ST. 1320 N.E. 171 ST.						li .			
N. M. B. FL 33162 N. M. B. FL 33162									
							NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated	or Qualifed		
						03/09/1998			
Principal Place of Business 2a. Mailing Address						4. FEI Number		÷	plied For
21		26[103-0001	<u>061</u>		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status	Desired 💆	⊅a./⊃/ Fee Re	Additional
22	. 6 6464-			A Flighting Committee control \$5.00 May 20					
City & State	— <u> </u>	City & State			6. Election Campaign Financing \$5.00 May 86* Trust Fund Contribution Added to Fees				
23		28 Zip		Country		a. This corporation ov			
¬ Zip / r	Country	29	i	30		Personal Property	-	☐ Yes	Z No
	25 and Address of Curr			30		10. Name and Addres		d Agent	<i></i>
9, 1461110	IIIO MODITAS OI COIII	one trogister or		81	Name				
GOLDGLANZ, ANTHONY				L					
1320 N.E. 171 ST.				82	Street Addre	ess (P.O. Box Number is I	Not Acceptable)		
N. M. B. FL 33162				83					
									
•				84 City			F	85 Zip	Code
700					n algnature required	ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTO	RS IN 12
12.	UPPICERS A	IND DIRECTO	DELETE	13.		ADDITIONS/OFFARD	20 10 0.7.02.07	Change	☐ Addition
TITLE PRES.			23 000	1.2 NAME		و مساور			
NAME ANTHON	oy GOLDGLAN	_ 		1.3 STREET	Annoess NO	changes			
STREET ADDRESS 1320	7 (7) (3.6) 13.02 (7) (3+6)	>T •		1.4 CITY-5	ì	•			
TITLE CHY-ST-ZIP	4 33/02		DELETE	21 MLE	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			Change	Addition
				2.2 NAME	Ì				
NAME				2.3 STREET	ADORESS				
STREET ADDRESS				2.4 CTY-S					
CITY-ST-ZIP			DELETE	3.1 TITLE				Change	Addition
NAME :-				3.2 NAME					
STREET ADDRESS				. 33 STREET	ADDRESS				-
CITY-ST-ZIP				3.4. CITY-S	T-ZIP				
TITLE			DELETE	4.1 TITLE			_ _	☐ Change	Addition
NAME	4			4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADIDRESS				
CITY-ST-ZIP				4.4 CITY-51	1-ZIP				
TITLE			☐ 0€LETE	51 TILE	1			Change	☐ Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	` \				
CITY-ST-ZIP		<u> </u>		5.4 C/TY-5"	T-ZIP			500	A 3.891
TITLE			DELETE	6.1 TITLE	į			Change	☐ Addition
NAME				52 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				

64 CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CITY-ST-ZIP

14. I hereby cartify 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 certify 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. (305) 389-2064

FILED

May 10, 1999 8:00 am Secretary of State

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