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Secretary of State

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**PROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



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

DOCUMENT # P98000022225

1. Corporation Name

THE CONCIERGE CONNECTION INC.



Principal Place of Business

1320 N.E. 171 ST.
N. M. B. FL 33162

Mailing Address

1320 N.E. 171 ST.
N. M. B. FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1998

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

28 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24 25 29 30 9. Name and Address of Current Registered Agent

GOLDGLANZ, ANTHONY
 1320 N.E. 171 ST.
 N. M. B. FL 33162

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 title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRES.
ANTHONY GOLDGLANZ
 1320 N.E. 171 St.
 N. M. B., FL 33162

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

(305) 389-2064

CR02034 (1/98)