


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90058 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000044430

1. Corporation Name
CONCORDE HYPOLUXO, INC.



Principal Place of Business 11015 NORTH DALE MABRY HIGHWAY TAMPA FL 33618	Mailing Address 11015 NORTH DALE MABRY HIGHWAY TAMPA FL 33618
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/15/1998	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3515826		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent MURPHY, THOMAS J 11015 NORTH DALE MABRY HIGHWAY TAMPA FL 33618		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 relisting.)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	D	AUGER, ALBERT R JR.		<input type="checkbox"/> DELETE	
NAME		103 COUNTRYWIDE DRIVE			
STREET ADDRESS		LONGWOOD FL 32777			
CITY-ST-ZIP					
TITLE	D	MURPHY, THOMAS J		<input type="checkbox"/> DELETE	
NAME		11015 NORTH DALE MABRY HIGHWAY			
STREET ADDRESS		TAMPA FL 33618			
CITY-ST-ZIP					
TITLE	D	RAPPAPORT, A G		<input type="checkbox"/> DELETE	
NAME		11015 NORTH DALE MABRY HIGHWAY			
STREET ADDRESS		TAMPA FL 33618			
CITY-ST-ZIP					
TITLE	D	SCHWENCKE, KIM M		<input type="checkbox"/> DELETE	
NAME		11015 NORTH DALE MABRY HIGHWAY			
STREET ADDRESS		TAMPA FL 33618			
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	D V	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	D V T	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	D P	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	V S	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>			
5.2 NAME	Chandler, Kevin A.				
5.3 STREET ADDRESS	11015 N. Dale Mabry Hwy				
5.4 CITY-ST-ZIP	Tampa, FL 33618				
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
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 in an attachment with an address, with all other like empowered.

SIGNATURE:  **4-26-99** **813 267 889**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #

CR25034 (11/98)