

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90010 022 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT #**

1. Corporation Name

**P98000044447**  
**Concepts Records, Inc.**

Principal Place of Business

Mailing Address

**5594 N. O.B.T., Ste 117**  
**Orlando, FL 32810**

**2020 Epic Ct.**  
**Deltona, FL 32738**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated, or Qualified

**5/11/98**

4. FEI Number

**59-351-6747**

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

**5594 N. Orange Blossom Trail**

Suite, Apt. #, etc.  
**Suite 117**

City & State

**Orlando, FL**

Zip

**32810** **USA**

2a. Mailing Address

**2020 Epic Ct.**

Suite, Apt. #, etc.

City & State

**Deltona, FL**

Zip

**32738** **USA**

9. Name and Address of Current Registered Agent

**Luis A. Delgado**  
**2020 Epic Ct.**  
**Deltona, FL 32738**

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 **N/A** **Luis A. Delgado - President/CEO** **4/20/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **President/Secretary** ☐ DELETE

NAME **Luis A. Delgado**  
STREET ADDRESS **2020 Epic Court**  
CITY-ST-ZIP **Deltona, FL 32738**

TITLE **Vice-President/Treasurer** ☐ DELETE

NAME **Joseph A. Thomas**  
STREET ADDRESS **5594 N. Orange Blossom Trail, Ste 117**  
CITY-ST-ZIP **Orlando, FL 32810**

TITLE **Vice-President** ☐ DELETE

NAME **Sharon Fisher**  
STREET ADDRESS **5594 N. O.B.T., Ste. 117**  
CITY-ST-ZIP **Orlando, FL 32810**

TITLE **Vice-President** ☒ DELETE

NAME **Luis A. Uribe**  
STREET ADDRESS **5594 N. O.B.T., Ste 117**  
CITY-ST-ZIP **Orlando, FL 32810**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Vice-President** ☐ Change ☒ Addition

1.2 NAME **John Smith**  
1.3 STREET ADDRESS **5594 N. Orange Blossom Trail, Ste. 117**  
1.4 CITY-ST-ZIP **Orlando, FL 32810**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Luis A. Delgado - Resident/CEO** **4/20/99** **(407) 331-7199**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)