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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000067408

## **FILED** Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90058 002 \*\*\*150.00

i. Corporatio									
FAMILY	CONCEPTS, INC.						r composite rem chine entre marce hitte marce kitte	6 6mil 1860 81811	ABIBI JUIT IBBI
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							<b>                                  </b>		
Principal Place of Business Mailing Address						]			
3208 36TH AVENUE WEST 3208 36TH AVENUE WEST									
BRADENTON F	·L 34205	BRADENTON FL 34205					DO NOT WRITE IN THE	S SPACE	
						f	3. Date Incorporated or Qualifed		
						ļ	07/29/1998		
2. Principal F	Place of Business	2a. Mailing Address					4. FEI Number	Ар	plied For
26							65-0853764		t Applicable
Suite, Apt. #, etc Suite, Apt. #, etc				<u></u>			5. Certifcate of Status Desired	\$8.75	1
22 27							,	Fee Re	
City & State City & State							6. Election Campaign Financing	\$5.00	
28			Country				Trust Fund Contribution	Added :	to Fees
Zip	Country	Zip	_	1U y			8. This corporation owes the current year in	ntangible Yes	₩No
24	9. Name and Address of Curre		30				Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Curre	int Kedisteren Adent		81	Name		18. Hame and Address of No.		
DAV	/IS, RICHARD								
3208 36TH AVENUE WEST				82 Street Addr			s (P.O. Box Number is Not Acceptable)		
BRADENTON FL 34205			Í	83				<del></del> -	
<b></b>			Į						
			[	84	City		F	85   Zip •	Code
44 Dunauant	to the previous of Sections 607.05	02 and 607 1508 Florida Statute	s the ab	ove.	-named c	cornor	ation submits this statement for the nurnose of	of changing its	registered
office or	registered agent or both in the State	a of Florida. Such change was at	Jinonzed.	DV I	ne corbo	ration	s board of directors. I hereby accept the appear	ointment as re	gistered
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Flor	างล รเลเน	iles.					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NQTE:	Registered	Agent	signature re-	quired w	hen reinstating) DATE		
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS A		DRS IN 12
TITLE		☐ DELETE	1.1 TiT	LE	,	P۲	<b>6</b> 5	Change	Addition
NAME			1.2 NA	ME	T	Ric	hard Davis		}
STREET ADDRESS	s}		1.3 STF	REET	ADDRESS :	32	08 36th Ave. W.		1
CITY-ST-ZIP				1.4 CITY-ST-ZIP			adenton, FL 34805		
TITLE	☐ DELETE 2.1			LE				Change	Addition
NAME				ME				area ere	. [
STREET ADDRESS	RESS			2.3 STREET ADDRESS			-		1
CITY-ST-ZiP			2. 4 CF	TY-\$T	T-ZIP		<u> </u>		
TITLE		☐ DELETE 3.11						Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS	5		3.3 STI	RE£T,	ADDRESS				
CITY-ST-ZIP			3.4. CF		r-ZiP			[](h	☐ Addition
TITLE		☐ DELETE	4.1 TIT					Change	☐ Addition
NAME			4. 2 NA		- 1				}
STREET ADDRESS	6		4.3 ST	REET	ADDRESS				į
CITY-ST-ZIP			4.4 CIT		-ZIP			F*1.0h	C Addition
TITLE		☐ DELETE	5.1 TIT		]			Change	Addition
NAME			5.2 NA		4000000		•		
STREET ADDRESS	S S				ADDRESS				İ
CITY-ST-ZIP	<u> </u>		5.4 CIT		-ZIP			☐ Change	Addition
TITLE		☐ DELETE	6.1 TIT		ĺ			□ cusuds	☐ ∀agaanii
NAME .			6.2 NA		ADDRESS				ļ
STREET ADDRESS	s ·		6.3 STI		ADDRESS				
CITY OF THE				v ct	-712				1

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 alachment with an address, with all other like empowered.

**SIGNATURE**