

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90211 030 ***150.00

DOCUMENT # P98000069217

1. Corporation Name

CRITICAL CONCEPTS, INC.

Principal Place of Business

~~4501 SW 43RD AVE.~~
~~FT. LAUDERDALE FL 33314~~

Mailing Address

~~4501 SW 43RD AVE.~~
~~FT. LAUDERDALE FL 33314~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1998

2. Principal Place of Business

21 1008 N.E. 4th St.

Suite, Apt. #, etc.

22 City & State

23 Ft. Lauderdale, FL

Zip Country

24 33301 25

2a. Mailing Address

26 1008 N.E. 4th St.

Suite, Apt. #, etc.

27 City & State

28 Ft. Lauderdale, FL

Zip Country

29 33301 30

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

NIES, SHAWN S

~~4501 SW 43RD AVE.~~ 1008 N.E. 4th St.

~~FT. LAUDERDALE FL 33314~~

Ft. Lauderdale, FL 33301

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME NIES, SHAWN S

STREET ADDRESS ~~4501 SW 43RD AVE.~~

CITY-ST-ZIP ~~FT. LAUDERDALE FL 33314~~

TITLE DV ☐ DELETE

NAME HARRY, SHANA

STREET ADDRESS ~~4035 SW 15 ST., APT. F101~~

CITY-ST-ZIP ~~POMPANO BEACH FL 33069~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1008 N.E. 4th St.
Ft. Lauderdale, FL 33301

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1008 N.E. 4th St.
Ft. Lauderdale, FL 33301

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:

Shawn S. Nies

Shawn S. Nies

President 4/29/99 (954) 766-6006

Date

Daytime Phone #

CR2E034 (11/98)