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 #	P98000092880
1 Corneration Name	. 0000000000000000000000000000000000000

CONCEPT DYNAMICS, INC.

## FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90132 011 \*\*\*150.00



Dissipat Dissa of Business Mailing Address						1	1 (301140) tib thint imit naitt dbitt matti durin		7 18391	
Principal Place of Business Mailing Address										
1207 GRAN PAS		1207 GRAN PASEO DR								
ORLANDO FL 32	2825	ORLANDO FL 32825				ľ	DO NOT WRITE IN THIS	SPAC	Έ	
							Date Incorporated or Qualifed			<del></del> 1
						1				
				_			10/30/1998 FEI Number	- T	1 4-	nlied Cor
2. Principal Pla	ace of Business	2a. Mailing Address				4.	£ 59·3539948	L	_ <del></del> -	plied For
21		26					1 37 32 31 FTO			t Applicable
Suite, Apt. #	Suite, Apt. #, etc. Suite, Apt. #, etc.					5.	Certificate of Status Desired			Additional
27								<u> </u>	ee Re	quirea
City & State	•	City & State				6. Election Campaign Financing \$5.00 May Bo				
23		28		Tr			Trust Fund Contribution	Ą	dded t	o Fees
Zip	Country	Zip	Counti	ГУ		8.	This corporation owes the current year Int	angible	Э	
24	25	29 30	D				Personal Property Tax.	☐ Ye	35	□No
	9. Name and Address of Curre	nt Registered Agent				10.	Name and Address of New Registered	Agent		
			8	1	Name					
BAKE	er, robert m		Ļ	_			0.0			
1207	GRAN PASEO DR		8	2	Street Addres	ss (P.	O. Box Number is Not Acceptable)			
	ANDO FL 32825		8	2						
0112			"	٦						
			8	4	City			85	Zip C	Code
					•		submits this statement for the purpose of		<u></u>	
agent. I ar SIGNATURE	m familiar with, and accept the obliga	ations of, Section 607.0505, Flond	a Statute	9S.	signature required v		ard of directors. I hereby accept the appoi			<del></del>
	Signature, typed or printed name of registered age		13.	ents	signature required v		ADDITIONS/CHANGES TO OFFICERS AN	ID DIE	ECTO	RS IN 12
12.	OFFICERS AF	ND DIRECTORS	1.1 TITLE				dent-Tres.		hange	[XAddition
TITLE		☐ pereie			120	281	2 L		, ot igo	,
NAME			1.2 NAM		٢٠	3 <del>3</del> 7	A. Daker			
STREET ADDRESS			1.3 STRE		DORESS 124	Peggy A. Baker 1207 Gran Racco Or Orlando Fi 32825				
CITY-ST-ZIP			1.4 CITY		ZIP 💇	·la	ndo fi 32023			
TITLE		☐ DELETE	2.1 TITLE	:	Y.	p.	sec HM Baken	ЩС	hange	Addition
NAME			2.2 NAME	<b>=</b>	Ro	مطو	of M Baker			
STREET ADDRESS			2.3 STRE	REET ADDRESS		07	Gran Pasco Dr			
CITY-ST-ZIP			2.4 CITY	ITY-ST-ZIP		داء	Gran Pasco Dr Indo Fl 32825			
TITLE		☐ DELETE	3.1 TITLE	:					hange	☐ Addition
NAME			3.2 NAM							
STREET ADDRESS			1		DDRESS					
CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 TITLE	_	ZIr"				hange	[ ] Addition
TITLE										
NAME			4. 2 NAMI							
STREET ADDRESS			43 STRE							
CITY-ST-ZIP		<u> </u>	4.4 CITY		ZIP				hones	Addition.
TITLE		☐ DELETE	5.1 TITLE					Пс	hange	☐ Addition
NAME			5.2 NAME		]					
STREET ADDRESS			53 STRE	ETA	DDRESS					
CITY-ST-ZIP			54 CITY-	_	ZIP					<del></del>
TITLE		☐ DELETE	6.1 TITLE		T			□c	hange	Addition
NAME			62 NAME	E						
STREET ADDRESS				ETA	DDRESS					

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 approach, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Robert M. Baker, VP