


FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90065 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																					
DOCUMENT # P98000096794 1. Corporation Name CONCIERGE CHOICE PLUS, INC.																									
Principal Place of Business 2200 NE 4TH CT BOCA RATON FL 33431			Mailing Address 2200 NE 4TH CT BOCA RATON FL 33431																						
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/12/1998 4. FEI Number 65-0880741 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
9. Name and Address of Current Registered Agent SIBEN, DAWN NICOLE 2200 NE 4TH CT BOCA RATON FL 33431			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.																									
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>President</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>Dawn Nicole Siben</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2200 NE 4th Ct.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Boca Raton, FL 33431</td> <td></td> </tr> </table>			TITLE	President	<input type="checkbox"/> DELETE	NAME	Dawn Nicole Siben		STREET ADDRESS	2200 NE 4th Ct.		CITY-ST-ZIP	Boca Raton, FL 33431		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> </table>			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
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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, without other like empowered.

SIGNATURE: Dawn Nicole Siben
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/98 561-7507332
 Date Daytime Phone #

CR2E034 (11/98)