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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(5)

1. Corporation Name CONT. CONCEDICTION ACCOUNTES. INC.

Principal Place of Business Mailing Address					
Principal Place 5560 BEE RII STE D-9		Mailing Address 5560 BEE RIDGE RD STE D-9			
SARASOTA FL 34233 US		SARASOTA FL 34233 US		3. Date incorporated or Qualified 04/10/1991	3a. Date of Last Report 04/06/1995
٦.	ace of Business	2a. Mailing Address		4. FEI Number 65-0259500	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
<u></u>		27			Feli Requited
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Addled to Fees
Zφ	Country	Ζιρ	Country	This corporation has liability for in Florida Statutes Yes	
	25 9 Name and Address of Curro	29 ant Registered Agent	[30]	10. Name and Address of New Re	
	g, Italine and Address of Contr	one registered rigon.	81 Name		
SCOTT.	, THOMAS W.		82 Street Add	ress (P.O. Box Number is Not Acceptable)
	ASTWOOD DRIVE		Street Addi	1633 (. C. C	·
SARAS	OTA FL 34232		83		
			84 City		FL 85 Zip Code
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	00 and 607 1609. Florida Statu	tes the above-named corpo	ration submits this statement for the purp	ose of changing its registered offic
or register familiar wit	red agent, or both, in the State of Flo ith, and accept the obligations of, Se			ard of directors. I hereby accept the appoi	anument as registered agent. Fam
IGNATURE .	Signature, typed or printed name of registered ag		OTE Registered Agent signature require	and the second effective	DATE
					DEDO AND DIDECTORS IN 12
2.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
2. ITLE	OFFICERS A		13. 1. 1 TITLE		
2. TLE AME	PS SCOTT, THOMAS W.	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME		
2. ITLE IAME ITHELT ADDRESS	OFFICERS A	AND DIRECTORS	13. 1. 1 TITLE		☐ Chançe ☐ Addition
2. TLE AME TREET ADDRESS TYY-ST-ZIP	PS SCOTT, THOMAS W. 4204 EASTWOOD DR SARASOYA FL	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		☐ Chançe ☐ Addition
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SIGNATURE: SIGNATURE SOLUTION OF DIRECTOR DIRECTOR

941-378-8440