

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
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90052 033 ***150.00

DOCUMENT # S62984

1. Corporation Name
CONCEPTS AND SOFTWARE SOLUTIONS, INC.

Principal Place of Business
17903 S.W. 2ND STREET
PEMBROKE PINES FL 33029

Mailing Address
17903 S.W. 2ND STREET
PEMBROKE PINES FL 33029

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/28/1991

4. FEI Number
65-0270185

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

*Please Note Change of Address

2. Principal Place of Business
21 9000 Sheridan Street
Suite, Apt. #, etc.
22 SUITE #147
City & State
23 Pembroke Pines FL
Zip
24 33024 Country
25 Broward
2a. Mailing Address
26 9000 Sheridan Street
Suite, Apt. #, etc.
27 SUITE #147
City & State
28 Pembroke Pines FL
Zip
29 33024 Country
30 Broward

9. Name and Address of Current Registered Agent

WOODROW, KRAIG
17903 SW 2 STREET
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name
Joyce Woodrow
82 Street Address (P.O. Box Number is Not Acceptable)
17903 S.W. 2 Street
83
84 City
Pembroke Pines FL
85 Zip Code
33029

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

Joyce Woodrow

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P/D	WOODROW, KRAIG	17903 SW 2 STREET	PEMBROKE PINES FL 33029	<input type="checkbox"/>
VSD	WOODROW, JOYCE A.	17903 SW 2 STREET	PEMBROKE PINES FL 33029	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>

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:

Joyce Woodrow VSD

4/6/99 (954) 433-7638

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (11/98)

0148848