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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V28903**

(5)

1. Corporation Name

CONCEPTS & DIMENSIONS INC.



Principal Place of Business

Mailing Address

**700 NW 57 PL
STE 2
FT LAUDERDALE FL 33309
US**

**700 NW 57 PL
STE 2
FT LAUDERDALE FL 33309
US**

3. Date Incorporated or Qualified

04/10/1992

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHILLIPS, CHRISTINE
1581 N.E. 27 ST.
POMPANO BEACH FL 33064**

81

Name

PHILLIPS, CHRISTINE

82

Street Address (P.O. Box Number is Not Acceptable)

5100 NE 26 TERRACE

83

84

City

LIGHTHOUSE POINT

FL

85

Zip Code

33064

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

Christine Phillips Pres.

4/30/96

Signature, typed or printed name of registered agent and, if applicable, (NOT E-Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **PHILLIPS, CHRISTINE**
STREET ADDRESS **5100 NE 26 TERRACE**
CITY-ST-ZIP **LIGHTHOUSE POINT FL**

TITLE **V** ☒ DELETE

NAME **ECK, ROSE**
STREET ADDRESS **2712 NE 6TH LANE**
CITY-ST-ZIP **WILTON MANORS FL**

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

1. TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2. TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reports 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.

SIGNATURE:

Christine Phillips Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

954.351.0661

Daytime Phone #

CR2E034 (12/95)