

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V58155** (5)
1. Corporation Name
COMMUNICATION CONCEPTS & INVESTMENTS, INC.



Principal Place of Business
**20423 STATE ROAD SEVEN
SUITE 6283
BOCA RATON FL 33498
US**

Mailing Address
**20423 STATE ROAD SEVEN
SUITE 6283
BOCA RATON FL 33498-6747**

3. Date Incorporated or Qualified
08/17/1992

3a. Date of Last Report
03/11/1996

4. FEI Number
65-0352538

Applied For
☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 **1334 N. ST. RD 7**
Suite, Apt. #, etc.
22
City & State
23 **MARGATE, FL**
Zip Country
24 **33003** 25
2a. Mailing Address
26 **1334 N. ST. RD. 7**
Suite, Apt. #, etc.
27
City & State
28 **MARGATE, FL**
Zip Country
29 **33003** 30

9. Name and Address of Current Registered Agent

**LEVINSON, JORDAN
20366 MONTE VERDE CIRCLE
BOCA RATON FL 33498**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	LEVINSON, JORDAN	20366 MONTE VERDE CIRCLE	BOCA RATON FL 33498	☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

14. I do 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 in an attachment with an address.

SIGNATURE:

Jordan Levinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

954 968 4887

CR2E034 (9/96)