

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V58332** (0)

T. Corporate Name

ADVANCED TECHNOLOGY CONCEPTS, INC.

Principal Place of Business		Mailing Address	
000 SE 3RD AVE SUITE 201 FT LAUDERDALE FL 33316		000 SE 3RD AVE SUITE 201 FT LAUDERDALE FL 33316	

DO NOT WRITE IN THIS SPACE

21. Principal Place of Business	26. Mailing Address
22. Suite Apt # etc	27. Suite Apt # etc
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

3. Date incorporated or qualified	3a. Date of Last Report
08/14/1992	02/16/1994
4. FEI Number	Applied For
65-0359800	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
7. This corporation has liability for its unpaid tax under 9-1001029 Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
1916 HARDEN BLVD
LAKELAND FL 33803

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 607.0501 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 _____

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	GEHL, JOSEPH E
3. STREET ADDRESS	888 SE 3RD AVE STE 201
4. CITY ST ZIP	FT LAUDERDALE FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY ST ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY ST ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY ST ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY ST ZIP	
25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY ST ZIP	
29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME	
31. STREET ADDRESS	
32. CITY ST ZIP	
33. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME	
35. STREET ADDRESS	
36. CITY ST ZIP	

14. I hereby certify that the information furnished with this filing is accurately prepared and does not qualify for the exemption stated in Section 119.073(3), 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 agent or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of Block 13 or in Block 14 or in Block 15 of this report.

SIGNATURE: *Wayne Harvey, VP* 5/1/95 305-528-5200
 SIGNATURE AND TYPED OR PRINTED NAME OF BEARING OFFICER OR DIRECTOR