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

DOCUMENT # P98000087877

1. Corporation Name

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90015 027 ***150.00

1ST CONCEPT INTERNET, INC.				4		
Principal Place of Business Mailing Address			- 1 10011801 110 14101 1011 0011 0011 001	81 (6(1) (600) (4()) i	EDIF 1881 E E E E E	
1471 S.W. 12TH AVENUE 1471 S.W. 12TH AVEN	WE			,		
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069			0.00405			
			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
			10/14/1998			
Principal Place of Business 2a. Mailing Address	0 ,		4. FEI Number / L	<u> </u>	plied For	
21 1000 W. MC Nab Rd. 26	SAME		10/18		t Applicable	
Suite, Apt. #, etc.		•	5. Certificate of Status Desired	\$8.75 A Fee Re		
22			- 6 Election Campaign Financing		May Be	يت
23 Pompano Beach FL 28			Trust Fund Contribution	Added to	,]
Zip Country Zip 24 33069 [25] U.S. 29	Country 30		 This corporation owes the current year to Personal Property Tax. 	Intangible ☐ Yes	Νο	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registere	d Agent		i
	81	Name		•	:	ĺ
NORDMAN, ROBERT K -1471 S.W. 12TH AVENUE (000 W・かc f	1ab Rd, 82	Street Addre	ess (P.O. Box Number is Not Acceptable)			ĺ
POMPANO BEACH FL 33069 Suite 108	83					¦
· .	84	City		85 Zip C	ode	l
			Function submits this statement for the number	of changing its	registered	l
 Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Soffice or registered agent, or both, in the State of Florida. Such change vagent. I am familiar with, and accept the obligations of, Section 607.0503 	vas authorized by the	named corpo ne corporatio	ration submits this statement to the purpose n's board of directors. I hereby accept the app	ointment as req	jistered	l
agent. I am familiar with, and accept the obligations of, Section 607.050:	o, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent s	signature required	when reinstating) DATE			1
12. OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			}
TITLE PD DELE			•	Change	Addition	:
NAME HARRIS, S. BLAKE 1000 W MC No.	1.2 NAME				,	
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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: