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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPCIRATIONS

DOCUMENT #

596572

(8)

AUGMENTED COMPUTER TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

345 6 MAGNOLIA DR #A17

345 S MAGNOLIA DR #A17

FILED	
Apr 28 1997 8:00an]
Secretary of State	



TALLAHASSEE FL 32301 US		TALLAHASSEE FL 32301-2947 US						
. **					3. Date Incorporated or Qualified 12/07/1978	1	c of Last R	eport
	ace of Business	2a. Mailing Address			4. FEI Number			oplied For
21 327	OFFICE PLAZA DR	26 327 OFFICE	PLAZA	DR	59-1922156		No	ot Applicable
Suite, Apt.		Suite, Apt. #, etc. 27 SUITE 106		* * * * * * * * * * * * * * * * * * *	5. Certificate of Status Desired			Additional equired
City & State	Jahnapp FL	City & State 28 TAILAM ASSA	, FL		Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be to Fees
Zip 323	Country US 19	Zip	Country O US A		8. This corporation has liability for i	ntangible t	ax under s	
27, 071-	9. Name and Address of Current	1771		<u></u>	10. Name and Address of New Re			
	LOR, RAYFORD H		81 Nam	16				
	E JEFFERSON ST		20 6		(D.C. D., N.,	1-1		
	TE B		82 Street	et Addres	ss (P.O. Box Number is Not Acceptab	ie)		
	LAHASSEE FL 32301		83					
IAD	DAMOOLE I E OZOVI		84 63		<u> </u>		Tee 7	n - 1-
I			84 City			FL	85 Zip (Code
SIGNATURE	m familiar with, and accept the obligation of th	and title if applicable (NOTE 5	Registered Agent signal	llure required	7	DATE		
12.	OFFICERS AND	and the second of the second o	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PDS	L_ DELETE	1.1 TITLE			l	Change	Addition Addition
NAME	DULIN, THOMAS H. III		1.2 NAME					
STREET ADDRESS	12894 90TH TERR. N.		1.3 STREET ADDRES	SS				
CITY-ST-ZIP	SEMINOLE FL		1.4 CHY-ST-7/P					····
TITLE	VTD	☐ DELETE	5. 100			ι	Change	Addition
NAME	BASTIAN, ANTHONY		2.2 NAME					
STREET ADORESS	2706 DEBUSSY CT		2.3 STREET ADDRES	SS				
CITY-ST-ZIP TITLE	TALLAHASSEE FL	DELETE	2 4 CRY-S1-7IP 3 1 HILF			·	Change	Addition
NAME		ET Attent	3.2 NAME				c.a.igo	
STREET ADDRESS			3.3 STREET ADORES	SS				
CITY-ST-ZIP			3.4. CITY-ST-7IP					
TITLE		DELETE	4.1 111LE			[Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRES	SS				
CITY-ST-ZIP			4.4 CITY - ST - Z)P					
TITLE		☐ DELETE	5.1 TITLE				Change	Modition Addition
NAME			5,2 NAME					
STREET ADDRESS			5.3 STREET ADDRES	SS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP			,	–	
TITLE		☐ DELETE	6.1 TITLE	ĺ		l	Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADORES	ss				
CITY-ST-ZIP			6.4 CHY - S1 - ZIP					

I do hereby certify that the information supplied with this filling 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 exists an attackment with an address.