Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90111 017 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 596572

1. Corporation Name

AUGMENTED COMPUTER TECHNOLOGIES, INC.

	•					
Principal Place	e of Business	Mailing Address			0(0)(0(0)) 0)0() 01011 01011 01011 1001	
327 OFFICE PL	AZA DR.	327 OFFICE PLAZA DR.				
STE. 106		STE. 106		DO NOT WRITE IN	THIS SPACE	
TALLAHASSEE US	FL 32301	TALLAHASSEE FL 32301 US		3. Date Incorporated or Qualifed	THIS SPACE	٦
03		00		12/07/1978		
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	1
	i-H Capital Cir NE	26 3375-H CAP	ANL CIR NE	59-1922156	Not Applicable	Ī
Suite, Apt.		Suite, Apt. #, etc.	1111 111 - 111 -		\$8.75 Additional	_
	ite 1	Suite 1	•	5. Certifcate of Status Desired	Fee Required	
City & Stat	le .	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 TA	MAHASSER FL	28 TAHAHISSEE	FL	Trust Fund Contribution	Added to Fees	_
Zip	Country	Zip	Country	8. This corporation owes the current ye		
24 32	308 25 US	29 32308 30	USA	Personal Property Tax.	☐ Yes ☐ No	_
	9. Name and Address of Current	t Registered Agent	04 N	10. Name and Address of New Regist	ered Agent	_
ANIT	HONY BASTIAN		81 Name			
	B DEBUSSY CT		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	AHASSEE FL 32308		02			_
IALL	DATASSEE TE SESSO		83			
			84 City		FL 85 Zip Code	
		D 1007 4500 Ft-24- Ot-1-		essties subsite this statement for the purpo	· —	_
office or f	registered agent, or both, in the State (of Florida. Such change was autho	orized by the corporation	poration submits this statement for the purpo on's board of directors. I hereby accept the	appointment as registered	
agent. I a	m familiar with, and accept the obligat	ions of Section 607.0505, Florida	Statutes.			
agent. I a SIGNATURE	om familiar with, and accept the obligat	ions of Section 607.0505, Florida	a Statutes.	4-1	9-99	
agent. I a	m familiar with, any accept the obligat	and title if applicable. (NOTE: Re	Statutes. gistered Agent signature require	d when reinstating) DA	19-99 NE	_
agent. I a SIGNATURE 12.	om familiar with, and accept the obligation of t	and title if applicable. (NOTE: Re	gistered Agent signature require	4-1	19-99 NE	- ,
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CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS TO FROM STREET ADDRESS

8505310900