

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90111 017 ***150.00

DOCUMENT # 596572

1. Corporation Name
AUGMENTED COMPUTER TECHNOLOGIES, INC.

Principal Place of Business
327 OFFICE PLAZA DR.
STE. 106
TALLAHASSEE FL 32301
US

Mailing Address
327 OFFICE PLAZA DR.
STE. 106
TALLAHASSEE FL 32301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1978

4. FEI Number
59-1922156

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 owes the current year intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 3375-H Capital Cir NE

26 3375-H Capital Cir NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1

27 Suite 1

City & State

City & State

23 Tallahassee FL

28 Tallahassee, FL

Zip

Zip

Country

Country

24 32308

25 US

29 32308

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANTHONY BASTIAN
2708 DEBUSSY CT
TALLAHASSEE FL 32308

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

Anthony Bastian

4-19-99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDS
NAME DULIN, THOMAS H. III
STREET ADDRESS 12894 90TH TERR. N.
CITY-ST-ZIP SEMINOLE FL

DELETE

TITLE VTD
NAME BASTIAN, ANTHONY
STREET ADDRESS 2708 DEBUSSY CT
CITY-ST-ZIP TALLAHASSEE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

Anthony Bastian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

Date

850 531 0900

Daytime Phone #

CR2E034 (1/98)

0051664