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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F95000005756 (0)

SCREEN CONCEPT, INC.

FILED May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			t santake tein turnt miter aktiff Auffe	aniet auste Anibe diete ident unte beit tubt	
\$330 S. VINELAND ROAD. STE C 3330 S. VINELAND ROAD ORLANDO FL 32811		AD. STE C	DO NOT WRIT	E IN THIS SPACE	
				3. Date Incorporated or Qualified	
				11/27/1995	
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		88-0346729	Not Applicable
, Sulte, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Octonicate of Glates Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has p	
24	25	29	30	Personal Property Tax due Jun	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
	SON, WILLIAM		81 Name	e PAULA RELAN	
) S. VINELAND ROAD, STE C		82 Street A	ddress (P.O. Box Number is Not Accepta	ble
ORL	ANDO FL 32811		33	30 S. VINELAND	Zd. Suite C
			83	•	
			84 City_		lee 7's Code
				elando	FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.050	02 and 607.1508, Florida State	ites, the above-named c	corporation submits this statement for the	purpose of changing its registered
office or reg	stered agent, or both, in the State	of Florida. Such change was	authorized by the corpo	oration's board of directors. I hereby acce	ept the appointment as registered
agent rage	made with find accept the only	rations of, section correspond	ionda Statujes.		1 /
				3	
SIGNATURE _	The le	Tourle	II Registares Assest complete	3	130/98
SIGNATURE SE	Seture April of Charles name of region red age		Thogistered Agent signature in		JSO/88 DATE
SIGNATURE 12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
SIGNATURE 12.	OFFICERS AN		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFE	DATE CERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME	PCD ZAVALA, CARLOS D	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFI	Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	PCD ZAVALA, CARLOS D 2162 KANE PARK WAY	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFE STD ZAVALA, BRIAN K 4652 CASON CON	Change S Addition
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