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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G00341

(9)

APPLIED CONCEPTS INCORPORATED

(8

Principal Place of Business Mailing Address 37 SKYLINE DRIVE 37 SKYLINE DRIVE **SUITE 3113 SUITE 3113** DO NOT WRITE IN THIS SPACE LAKE MARY FL 32746 LAKE MARY FL 32746 3. Date Incorporated or Qualified <u>09/17/1982</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2330231 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NICHOLAS, ALEXANDER 219 SHADY OAKS CIR. 82 Street Address (P.O. Box Number is Not Acceptable) LAKE MARY FL 32746 83 84 City 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 Signature typud or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition NAME NICHOLAS, ALEXANDER 1.2 NAME 219 SHADY OAKS CIR. STREET ADDRESS 1.3 STREET ADDRESS **LAKE MARY FL 32746** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITI F 21 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-74P DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS 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 of supplicitly an indicated on this annual report of supplicitly an indicated on this annual report of supplicitly 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 processing the supplicitly and that my name appears in Block 13 if charged, or on injustification with an address.

CICALATURE.

3/13/ 9°Y

Y 407-333-7300

**FILED** 

Mar 31 1998 8:00am

Secretary of State