

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G81219

FILED
Jul 08, 2004
Secretary of State

Entity Name: MICROCOMPUTER CONCEPTS, INC.

Current Principal Place of Business:

BEAUTICE WILLIAMS
6424 CENTRAL AVE
ST. PETERSBURG, FL 33707 US

Current Mailing Address:

BEAUTICE WILLIAMS
6424 CENTRAL AVE
ST. PETERSBURG, FL 33707 US

FEI Number: 59-2369857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEATRIZ, WILLIAMS H
6424 CENTRAL AVE
ST. PETERSBURG, FL 33707 US

New Principal Place of Business:

BEATRIZ H. WILLIAMS
3625 CENTRAL AVE
ST. PETERSBURG, FL 33713 US

New Mailing Address:

BEATRIZ H. WILLIAMS
P. O. BOX 11972
ST. PETERSBURG, FL 33733 US

Name and Address of New Registered Agent:

BEATRIZ, WILLIAMS H
3625 CENTRAL AVE
ST. PETERSBURG, FL 33713 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

07/08/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WILLIAMS, BEAUTRICE H
Address: 6424 CENTREL AVE
City-St-Zip: SAINT PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: WILLIAMS, BEATRIZ H
Address: 3625 CENTREL AVE
City-St-Zip: SAINT PETERSBURG, FL 33713

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEATRIZ H. WILLIAMS

PSTD

07/08/2004

Electronic Signature of Signing Officer or Director

Date