Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90055 033 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # L82754**

1. Corporation Name

ADCONCEPTS SOUTH, INC.

Principal Place	e of Business	Mailing Address			1 (\$0)(\$1) 03(10)0 (10)(1004) 01)	int Billt Billin	1911 B1811 B1811 B1		
886 ALLAMAND	A CT	886 ALLAMANDA CT							
		PLANTATION FL 33317			DO NOT WRITE IN THIS SPACE				
		US			3. Date Incorporated or Qualifed	IE IN IMIS	SPACE		
					06/22/1990				
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number .		Apr	olied For	ă
<u> </u>	iace of business	26			65-0206251		<u> </u>	Applicable	9
Suite, Apt.	# etc	Suite, Apt. #, etc.		<del></del>			\$8.75 A		
22	<i>"</i> , 516.	27			5. Certifcate of Status Desired		Fee Re	quired	
City & State	e	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution		Added to		
Zip	Country	Zip(	Country		8. This corporation owes the curre	ent year Int			
24	25	29 30			Personal Property Tax.			□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered	Agent		
			81	Name					
	SH-LANGE, KATHI		82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)			
	ALLAMANDA ACT				COLUMN TO A COLUMN		N	2 2544 14 St	
PLAI	NTATION FL 33317		83			is E. C. S. S. Stein S. S. S.			
			84	City	5. 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip C	ode	
			1 1	U,		FI	.		
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes, th	ne above	-named corpo	pration submits this statement for the	purpose of	changing its	registered	
office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligation of Signature, typed or printed name of registered agent	f Florida. Such change was author ons of, Section 607.0505, Florida S	tered Agen	the corporation	n's poard of directors. I nereby accept	DATE		JISIEI EU	
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14. 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

CITY-ST-ZIP