PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # M25539

1. Corporation FOTOCO	NCEPT, INC.					
Principal Place	of Business	Mailing Address				.,, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18020 SW 66TH	4839 SW 148TH AVE.					
SUITE 222		= = :	SUITE 222			
FT. LAUDERDALE FL 33331 DAVIE FL 33330					DO NOT WRITE IN THIS SPACE	
US		US			3. Date incorporated or Qualifed 01/08/1986	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number App	lied For
21		26	26		59-2627011 Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Rec	
City & State City & State					6. Election Campaign Financing \$5.00	vlav Be
28					Trust Fund Contribution Added to	
Zip	Country	Zip Country		,	8. This corporation owes the current year Intangible	
24	25	29	30			□No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered Agent	
		· · · · · · · · · · · · · · · · · · ·	81	Name	-	• • • • • • • • • • • • • • • • • • • •
GENEROTTI, E.J.						
2404 HOLLYWOOD BLVD.			82	82 Street Address (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33020			83			40 (15) (52)
					· · · · · · · · · · · · · · · · · · ·	
v ; * *			84		FL 85 Zip C	
office or re agent. I'an	egistered agent, or both, in the St	.0502 and 607.1508, Florida Statutes tate of Florida. Such change was aut oligations of, Section 607.0505, Florid	s, the abov	e-named of	orporation submits this statement for the purpose of changing its ation's board of directors. I hereby accept the appointment as reg	egistered
office or re agent. I an SIGNATURE	egistered agent, or both, in the St	tate of Florida. Such change was aut oligations of, Section 607.0505, Florid	s, the abov thorized by da Statutes	re-named of the corpor	orporation submits this statement for the purpose of changing its	egistered
office or re agent. I an SIGNATURE	gistered agent, or both, in the SI n familiar with, and accept the ob- Signature, typed or printed name of registered	tate of Florida. Such change was aut oligations of, Section 607.0505, Florid	s, the abov thorized by da Statutes	re-named of the corpor	orporation submits this statement for the purpose of changing its ation's board of directors. I hereby accept the appointment as reg	egistered istered
office or re agent. I an SIGNATURE	gistered agent, or both, in the SI n familiar with, and accept the ob- Signature, typed or printed name of registered	tate of Florida. Such change was aut oligations of, Section 607.0505, Florid dagent and title if applicable. (NOTE: R	s, the abov thorized by da Statutes	re-named of the corpor	orporation submits this statement for the purpose of changing its lation's board of directors. I hereby accept the appointment as regulared when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	egistered istered
office or reagent. I'an SIGNATURE	rgistered agent, or both, in the St n familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS	tate of Florida. Such change was aut oligations of, Section 607.0505, Florid d agent and title if applicable (NOTE: R	s, the above thorized by da Statutes	re-named of the corpor	orporation submits this statement for the purpose of changing its lation's board of directors. I hereby accept the appointment as regulared when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	egistered istered
office or reagent. I'an SIGNATURE	gistered agent, or both, in the SI n familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS	tate of Florida. Such change was aut oligations of, Section 607.0505, Florid d agent and title if applicable (NOTE: R	s, the above thorized by da Statutes Registered Age 13. 1.1 TITLE 1.2 NAME	re-named of the corpor	orporation submits this statement for the purpose of changing its lation's board of directors. I hereby accept the appointment as regulared when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	egistered istered

Addition Change ☐ DELETE TITLE 2.1 TITLE BERTSCH. WERNER J. NAME 2.2 NAME 408 SE 11TH COURT STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL. CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE BERTSCH, AIDA CORRADA NAME 3.2 NAME 408 SE 11TH COURT 3.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 4.1 TITLE 🔑 🖟 🦸 🚰 Change 🕹 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition ☐ DELETE Change TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 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 muste 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 organ attachment with an address, with all other like empowered.

ICER OR DIRECTOR

SIGNATURE:

CITY-ST-ZIP

Feb 15, 1999 8:00 am

Secretary of State

02-15-1999 90013 037 ***150.00