

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DOH 1007000 - (888) 444-4444

APPROVED
AND
FILED

MAY 13 AM 10:15

DOCUMENT # **P92000011865 (2)**

1. Corporation Name

VIRTUAL CONCEPTS CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

771 S. KIRKMAN RD.
SUITE 113
ORLANDO FL 32811
US

Mail Stop Address

129 SEA GIRT AVENUE
SUITE 101
MANASQUAN NJ 08736
US

PLEASE WRITE IN THIS SPACE

3. Date the corporation was created

12/14/1992

3a. Date of Last Report

03/28/1994

4. FIC Number

59-3155002

Adjust For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Directors Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under 22-10411, Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

81. Name

82. Street Address (or P.O. Box Number or Not Applicable)

83.

84.

FL

85.

City/County

11. The undersigned, being duly sworn, depose and say that the foregoing is a true and correct statement of the facts and circumstances of the corporation's operations for the purpose of filing the report as required by law, and that the undersigned is duly qualified to depose and say that the foregoing is a true and correct statement of the facts and circumstances of the corporation's operations for the purpose of filing the report as required by law.

SIGNATURE

12.	V
NAME	TAWGIN, JOHN S.
STREET ADDRESS	129 SEA GIRT
CITY/STATE	MANASQUAN NJ 08736
NAME	
STREET ADDRESS	
CITY/STATE	
NAME	
STREET ADDRESS	
CITY/STATE	
NAME	
STREET ADDRESS	
CITY/STATE	
NAME	
STREET ADDRESS	
CITY/STATE	
NAME	
STREET ADDRESS	
CITY/STATE	
NAME	
STREET ADDRESS	
CITY/STATE	

13.	ADDITIONAL INFORMATION
NAME	Delete
STREET ADDRESS	
CITY/STATE	
NAME	President - Secretary
STREET ADDRESS	Benjamin S. Welch III
CITY/STATE	771 S. Kirkman Rd. #113
NAME	Treasurer
STREET ADDRESS	Dan Welch
CITY/STATE	771 S. Kirkman Rd. #113
NAME	
STREET ADDRESS	
CITY/STATE	
NAME	
STREET ADDRESS	
CITY/STATE	
NAME	
STREET ADDRESS	
CITY/STATE	
NAME	
STREET ADDRESS	
CITY/STATE	

14. I, the undersigned, hereby certify that the information supplied by the corporation is true and correct, and that the undersigned is duly qualified to depose and say that the foregoing is a true and correct statement of the facts and circumstances of the corporation's operations for the purpose of filing the report as required by law.

SIGNATURE:

D. Welch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-95 (409) 531-7652