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FILED
Jun 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000011865 (2)

1. Corporation Name

VIRTUAL CONCEPTS CORPORATION

Principal Place of Business

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

Mailing Address

771 S KIRKMAN RD
SUITE #113
ORLANDO FL 32811-2039
US

3. Date Incorporated or Qualified

12/14/1992

3a. Date of Last Report

06/19/1996

4. FEI Number

59-3155002

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 2044 N. Rio Grande Ave.
Suite, Apt. #, etc.

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

City & State

23 Orlando, FL

City & State

27

Zip

24 32804

Country

25 Orange

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
WELCH, BENJAMIN C
STREET ADDRESS 771 S KIRKMAN RD # 113
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME TS
WELCH, DAVI
STREET ADDRESS 771 S KIRKMAN RD #113
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2044 N. Rio Grande Avenue
1.4 CITY-ST-ZIP Orlando, FL 32804

2.1 TITLE Treasurer ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 2044 N. Rio Grande Avenue
2.4 CITY-ST-ZIP Orlando, FL 32804

3.1 TITLE Treasurer ☐ Change ☒ Addition

3.2 NAME Michael Schwartzbard
3.3 STREET ADDRESS 2044 N. Rio Grande Avenue
3.4 CITY-ST-ZIP Orlando, FL 32804

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

SIGNATURE REQUIRED

CR2E034 (9/96)