

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

FILED  
Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P92000011865 (2)**

1. Corporation Name

**VIRTUAL CONCEPTS CORPORATION**

Principal Place of Business

**2044 N. RIO GRANDE AVE.  
ORLANDO FL 32804  
US**

Mailing Address

**771 S KIRKMAN RD  
SUITE #113  
ORLANDO FL 32811  
US**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> <b>2044 N Rio Grande Ave.</b>
<b>22</b> City & State	<b>27</b> Suite, Apt. #, etc.
<b>23</b> Zip	<b>28</b> <b>Orlando, FL</b>
<b>24</b> Country	<b>29</b> <b>32804</b>
<b>25</b>	<b>30</b> <b>USA</b>

3. Date Incorporated or Qualified

**12/14/1992**

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<b>12.</b>	<input type="checkbox"/> DELETE	<b>13.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		1.1 TITLE	
NAME	<b>P</b>	1.2 NAME	
STREET ADDRESS	<b>WELCH, BENJAMIN C</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>2044 N. RIO GRANDE AVE. ORLANDO FL</b>	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<b>Secretary</b>
NAME	<b>T</b>	2.2 NAME	
STREET ADDRESS	<b>WELCH, DAVI</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>2044 N. RIO GRANDE AVE. ORLANDO FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T</b>	3.2 NAME	
STREET ADDRESS	<b>SCHWARTZBARD, MICHAEL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>2044 N. RIO GRANDE AVE. ORLANDO FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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]*

CR2E034 (10/97)