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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# Jun 24, 1999 8:00 am Secretary of State

06-24-1999 90010 016 \*\*\*150.00

# **DOCUMENT #**

1. Corporation Name

12000011865 VIRTUAL CONCEPTS CORPORATION

Principal Place of Business	Mailing Address			
2014. N. RIO GRANDE AL	14. N. RIO GRANDE AVE SAME		DO NOT WRITE IN THIS SPACE	
ORLANDO, FL. 32804			3. Date Incorporated or Qualifed	
KLAKDO, FC. 2000-1			12/14/1992	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
1	26		59-3155002	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Int	
4 25	29	30	Personal Property Tax.	☐Yes ☐No
9. Name and Address of Cu			10. Name and Address of New Registered	Agent
THE PRENTICE HALL	CORPORATION	81 Name		
		82 Street A	Address (P.O. Box Number is Not Acceptable)	
1201 HAYS ST.		300007	address (F.O. Box Hottisch in Hot Hoodpinsto)	
SHITE 105		83		
TALLAHASSEE FL	3230)	84 City	FI	85 Zip Code
	0000 - 1 007 4500 Florida Statuta	s the share parcel	corporation submits this statement for the purpose of	changing its registered
office or registered agent, or both, in the St agent. I am familiar with, and accept the ob	tate of Florida. Such change was au	ithorized by the corpo	oration's board of directors. I hereby accept the appoi	ntment as registered
SIGNATURE Signature, typed or printed name of registered	d anget and title if continoble (NOTE:	Registered Agent signature re	political when reinstating) DATE	<del></del>
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
ITTLE PRES	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
WELCH BENJAM	uins C.	1.2 NAME		
STREET ADDRESS 2044 N. RID GA	ADDE AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP ERLANDO, FL 3	32804	1.4 CITY-ST-ZIP		
TITLE VP.	DELETE	2.1 TITLE		☐ Change ☐ Addition
WELCH DAUI	<b>T</b>	2.2 NAME		
STREET ADDRESS 2044 N. RIO GAR	ANDE AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL	ROCAL			
MILE	24×44	2.4 CITY-ST-ZIP		
VAME INTO LIAR SCHOOL	DELETE DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
1111011100	` □ DELETE	3.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS 25L EISEN HED	DELETE	3.1 TITLE		Change Addition
STREET ADDRESS 354 EISEN HEU	DELETE  ARTZBARDE ASSOLUTER PARKWAY	3.1 TITLE		Change Addition
STREET ADDRESS 354 EISEN HOUSINGSTOW W.	DELETE  ARTZBARDE ASSOLUTER PARKWAY	3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP LIVINGSTON N.	DELETE  ARTZBARDE ASSO  WER PARKWAY  J 07039	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
STREET ADDRESS 354 EISEN HOU CITY-ST-ZIP LIU/NGSTON, N.; TITLE	DELETE  ARTZBARDE ASSO  WER PARKWAY  J 07039	3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE		
STREET ADDRESS 354 EISEN HOU CITY-ST-ZIP LIUINGSTON, N. STREET ADDRESS	DELETE  ARTZBARDE ASSO  WER PARKWAY  J 07039	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME		
STREET ADDRESS 354 EISEN HOU CITY-ST-ZIP LIUINGSTON, N.: HITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE  ARTZBARDE ASSO  WER PARKWAY  J 07039	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS 354 EISEN HOU CITY-ST-ZIP HUINGSTOW W.	DELETE  DARTZBARDE ASSOLUTE  DARKWAY  DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
STREET ADDRESS 354 ELSEN HOC CITY-ST-ZIP LI UI NOSTON N.	DELETE  DARTZBARDE ASSOLUTE  DARKWAY  DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS  354 EISEN HOU CITY-ST-ZIP  LIVINGSTON  LIVINGSTON	DELETE  DARTZBARDE ASSOLUTE  DARKWAY  DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS 254 EISEN HEU	DELETE  DARTZBARDE ASSOLUTE  DARKWAY  DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
STREET ADDRESS 354 EISEN HOC CITY-ST-ZIP UITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	DELETE  DELETE  DELETE  DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐
STREET ADDRESS 354 ELSEN HOC CITY-ST-ZIP  ITTLE  NAME STREET ADDRESS CITY-ST-ZIP  ITTLE  NAME STREET ADDRESS CITY-ST-ZIP  ITTLE  NAME	DELETE  DELETE  DELETE  DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐
STREET ADDRESS  CITY-ST-ZIP  LITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VAME  STREET ADDRESS  CITY-ST-ZIP	DELETE  DELETE  DELETE  DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	in Section 119.07(3)(i), Florida Statutes. ! further ce	Change Addition  Change Addition  Change Addition

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.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

### VIRTUAL CONCEPTS CORPORATION

P92000011865 579370-90010-16

June 18, 1999

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Approximately one and a half weeks ago, I realized that we had not yet received our annual corporate report. As a report must be filed every year, I questioned my staff as to whether or not they had seen it and perhaps forgotten to give it to me. To date, no one in the office recalls receiving it. We contacted your office and requested a copy of the reporting form so that we may comply with this required filing.

At the time I called I was told to mail the form back in with the \$150.00 payment and if I was to be assessed further your office would contact me at that time. I hope that this filing is acceptable. I apologize for the delay, but simply did not think about it since the form was apparently waylaid somewhere on route and my brain did not register missing it until June.

If you have any questions or concerns please contact Mary Agustin or Davi Welch at (407) 843-3022.

Regards,

Davi Welch

Vice President Operations & Marketing