Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90082 050 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # P95000010328

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

COMPUTER CONCEPTS, INC.

									<b>i</b>			
Principal Place	e of Business	Maili	ing Address			<del></del>		FRENCH MINER MUNICIPA	Biil 401() 60(8)	{ <b>  </b>	IIII IIII	HERI CERI
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BOCA RATON I	FL 33433	BOCA RATON FL 33433				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed						
U\$		บร					02/07/1995	led or Qualifed	,			
2 Principal D	lace of Business	20. 1	Mailing Address				4. FEI Number			- 1 1	Applied	1 For
—, ·	lace of business		naming Address				65-0555924	l		}		plicable
Suite, Apt.	# etc	26	Suite, Apt. #, etc.							\$8.7	5 Addit	
22	<i>m</i> , 0.0.	27	ono, ipi ii, oio.				5. Certifcate of Sta	atus Desired		****	Require	
City & State	e		City & State				6. Election Campa	aign Financing		\$5.0	00 May	Be
23		28	•				Trust Fund Cor	-		•	ed to Fe	
Zip	Country		ip	Cour	ntry		8. This corporation	n owes the cur	rent year Int	angible		,
24	25	29		30			Personal Prope	rty Tax.		Yes	<b>,</b> ≥₹(	No
	9. Name and Address of Curre	nt Registe	red Agent				10. Name and Add	dress of New	Registered	Agent		
DDA	NOT BOBERT				81	Name						
	NDT, ROBERT			ļ	82	Street Add	iress (P.O. Box Numbe	r is Not Accept	able)		,	
STE	PALMETTO CIRCLE S							<u>,                                     </u>				
	A RATON FL 33433				83		•					
800	A RAIUN FL 33433			}	84	City	<del></del>			85 2	Zip Code	;
						-			<u> </u>	.	•	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607	1508, Florida Statu	tes, the at	DOVE-F	named cor	poration submits this sta	atement for the	e purpose of of the appoi	changing ntment a:	g its regi: s registe	stered   ered
agent. I a	m familiar with, and accept the obliga	ations of, S	Section 607.0505, Fig	orida Statu	ıtes.	ie corporat	ion's board or directors	Thereby does	praid appo		<del></del>	
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SIGNATURE					_			_				[
SIGNATURE	Signature, typed or printed name of registered age		pplicable. (NOT	E: Registered		signature requir	red when reinstating)		DATE	ID DIE		
12.	OFFICERS AI		pplicable. (NOT	E: Registered	Agent s	signature requir	red when reinstating)  ADDITIONS/CH	ANGES TO OF				
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP