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

PRQFIT



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1996			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUI 1. Corporation	MENT # P950	0007	7244 (8	3)		
1	IISTRATIVE CONCEPTS	CORP.			I NOTHADI DE 1878/ ONI BOHL BOHL	BOYA BOYA HADA HADA BOYA KAN BIRNI BARI HADI
Principal Place	of Business	Mail	ing Address			02/1/ 44/0/ 100// 102/5 100/ 3/00/ 100/ 1000
1410 MAGELLAN DRIVE. 205-B Sarasota Fl 34243			410 magellan dri) Arasota Fl 34243	/E. 20 5-8		
					3. Date Incorporated or Qualified 10/02/1995	3a. Date of Last Report
Principal Place of Business The Principal Place of Business The Principal Place of Business		2a. 1	2a. Mailing Address 26		4. FEI Number 65-0615725	Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	·	28	Dity & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	29	[?] ip	Country 30	8. This corporation has liability for in Florida Statutes V Yes	tangible tax under s 199.032,
	9. Name and Address of Cur	rent Registe	red Agent	B1 Name	10. Name and Address of New Re	gistered Agent
1410 M SARAS	NG, GEORGE E AGELLAN DRIVE, 205-B DTA FL 34243			83 84 City		FL 85 Zp Code
SIGNATURE	Signature, typics of printed many of registered a	pent and tillian		es, the above named ed by the corporation' DIE Registered Again signature		2/28/96 DATE
12.	OFFICERS CVO	AND OIRE OT	ØRS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	
NAME	BUSHONG, GEORGE E		FR precit	1. 1 TBLE	CVD PEEL, SARAH M.	Change Addition
STREET ADDRESS	1410 MAGELLAN DRIVE,	205-B		1.2 NAME 1.3 STREET ADDRESS		e. 2
CITY-ST-ZIP	SARASOTA FL 34243			1.4 CITY-ST-7:P	SARASOTA FL 34243	
TITLE	PSTD		DELETE	2 1 TITLE		Change Addition
NAME	PEEL, SARAH M			2.2 NAME		
STREET ADDRESS	1410 MAGELLAN DRIVE,	205-B		2.3 STREET ADDRESS		
CITY - ST - ZIP	SARASOTA FL 34243			2 4 CITY-ST-ZIP		
TITLE			DELETE	3 1 TITLE		Change Addition
NAME				3 2 NAME		
STREET ADDRESS				3.3. STREET ADDRESS	§	
CITY-ST-ZIP TITLE			DELETE	3.4 CITY-SJ-7IP 4.1 TITLE		Change Addition
NAME				4.2 NAME	20000182	
STREET ADDRESS				4.3 STREET ADDRESS	20000182 -05/14/960100	3007
CITY-ST-ZIP				4.4 CITY - S1 - ZIP	***200.00	
TITLE			[]] DELETE	5 1 TITLE		Change Addition
NAME				5.2 NAME	2	
STREET ADDRESS				5 3 STREET ADDRESS	S %	
CITY-ST-ZIP			1 1 1 1 1 1 1 2 1 2 1 2 1 1 1 1 1 1 1 1	54 CITY - ST - ZIP		
TITLE			DELETE	6 1 TALE		Change Addition
NAME OTREET ADDRESS				62 NAME	1 46	
STREET ADDRESS	1			6.3 SURFEL ADDRESS	· ·	

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report as 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 trusted 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:

Date

Date

Date

Date

Date

Displace There exemption stated in Section 119.07(3)(k), 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 trusted 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:

Date

Date