

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

FILED
Jun 02 1998 8:00am
Secretary of State

• PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # 996000010906

1. Corporation Name:
Advanced Computer Concepts, Inc.

Principal Place of Business: 21202 Olean Boulevard, Suite E-3
Port CHARLOTTE FL 33952

2. Principal Place of Business:
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address:
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1996

4. FEI Number: 65-0650051 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:
Duquette, Roland J.
4133 Joseph St.
Port CHARLOTTE FL 33948

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 607.1503, 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 of person providing information for this report) (FEI Number of Agent (signature required when appointing)) (Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	Duquette, Roland J.	4133 Joseph Street	Port CHARLOTTE FL 33948	<input type="checkbox"/>
D	Parker, Brian R.	5413 GABA Rd.	North Port, FL 34887	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11	12	13	14	<input type="checkbox"/>	<input type="checkbox"/>
21	22	23	24	<input type="checkbox"/>	<input type="checkbox"/>
31	32	33	34	<input type="checkbox"/>	<input type="checkbox"/>
41	42	43	44	<input type="checkbox"/>	<input type="checkbox"/>
51	52	53	54	<input type="checkbox"/>	<input type="checkbox"/>
61	62	63	64	<input type="checkbox"/>	<input type="checkbox"/>

400002546974
-06/04/98--01007--050
***150.00

14. I hereby certify that the information provided herein 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 person or persons authorized to execute this report, as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form.

SIGNATURE: R. J. Duquette / President 5/10/98 9417436045

CR2E034 (10/97)

ADVANCED COMPUTER CONCEPTS, INC.
21202 OLEAN BOULEVARD, SUITE E-3
PORT CHARLOTTE, FL 33952
* (941) 743-6297 ** FAX (941) 743-7047 *

"Quality PC Sales & Service"

May 18, 1998

Annual Reports Filings
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Replacement Corporate Annual Reports
Kramer, Cole and Young, Inc. FEI# 65-0250788
Advanced Computer Concepts, Inc. FEI# 65-0650051

To Whom It May Concern;

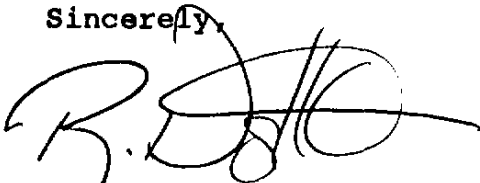
Pursuant to my conversation with someone in your office, enclosed, please find the replacement Annual Corporate Report forms as required.

Further to our conversation; both corporate reports were mailed in January of this year. Subsequent to learning that both corporations were listed as "delinquent" we checked with our bank and discovered that our checks (which were made payable to the Department of State) had not cleared our bank. Upon advising your office of this we were instructed to call a telephone number to obtain replacement forms and to mail the same, together with replacement checks (\$150.00 each) and a letter of explanation. We were further advised if the same were received by your office within a timely manner no penalty or fine would be levied.

We have also enclosed a copy of the stop payment orders on our check number 5798 (Kramer, Cole and Young, Inc.) and check number 2168 (Advanced Computer Concepts, Inc.) which represented the original checks issued in January together with the annual reports for these two corporations.

Thank you for your assistance in this matter.

Sincerely,



Roland J. Duquette
President/Director
Advanced Computer Concepts, Inc.
Kramer, Cole and Young, Inc.

cc: File

FIRST UNION NATIONAL BANK

MROF THEMYPAR 90TS DAO STOP PAYMENT

Acct. No. 2000700856646 Date 05/14/1998 Time 11:38:16 Expires 11/13/1998
 Visit No. 038051434939 Org. 003 Branch 00890 ACH(?) NO Check No.(s)/Company ID 5798 Duplicate Issued? YES Duplicate Date 05/14/1998
 Issue Date 01/09/1998 Amount \$150.00 Payee/Description FLORIDA DEPT OF STATE
 Customer Phone 9416299561 Called In by Employee ID No. Check(s) were Lost? Stolen? With ID?

A \$ 0.00 charge for this Stop Payment Order will be charged to your account or will be included in the monthly analysis of your account

KRAMER COLE AND YOUNG
 OPERATING ACCOUNT
 3314 HARBOR BLVD
 PORT CHARLOTTE FL 33952

531381 (50/Pkg Rev 01)

PART 2 - CUSTOMER

A045132 YES NO NO
 Please stop payment on the check described above. The Bank will have a reasonable time to receipt hereof to comply with this Order. The Bank assumes no responsibility if the description of the above item is inaccurate or incomplete.

You agree to hold the Bank harmless from all costs and expenses incurred by the Bank, including attorney's fees, due to the Bank's refusal to pay the check. You agree not to hold the Bank liable if the check is paid contrary to this Order and the payment is due to inadvertence, accident, oversight, or incorrect information supplied by you. You agree that the Bank is not liable if this check is paid contrary to this Order and other checks drawn by you are returned insufficient.

An oral stop payment order will automatically terminate fourteen (14) days from the date of this stop payment order unless confirmed in writing within that period. In the District of Columbia only, an oral stop payment order will automatically terminate 24 hours from the date of this stop payment order unless confirmed in writing during that period.

If circumstances permit the removal of this stop payment, please contact us in writing so that we may cancel this Order. This Order will automatically terminate on the expiration date unless renewed in writing.

Customer Signature *[Signature]*

FIRST UNION NATIONAL BANK

STOP PAYM

Acct. No. 2090001311353 Date 05/18/1998 Time 14:47:01 Expires 11/17/1998
 Visit No. 038051837062 Org. 003 Branch 00890 ACH(?) NO Check No.(s)/Company ID 2168 Duplicate Issued? YES Duplicate Date 05/18/1998
 Issue Date 01/20/1998 Amount \$150.00 Payee/Description FLORIDA DEPT OF STATE
 Customer Phone 9417436297 Called In by Employee ID No. Check(s) were Lost? Stolen? With ID?

A \$ 0.00 Charge for this Stop Payment Order will be charged to your account or will be included in the monthly analysis of your account

ADVANCED COMPUTER CONCEPTS INC
 21202 OLEAN BLVD SUIT E3
 PORT CHARLOTTE FL 33952

A045132 YES NO NO
 Please stop payment on the check described above. The Bank will have a reasonable time to receipt hereof to comply with this Order. The Bank assumes no responsibility if the description of the above item is inaccurate or incomplete.

You agree to hold the Bank harmless from all costs and expenses incurred by the Bank, including attorney's fees, due to the Bank's refusal to pay the check. You agree not to hold the Bank liable if the check is paid contrary to this Order and the payment is due to incorrect information supplied by you. You agree that the Bank is not liable if this check is paid contrary to this Order and other checks drawn by you are returned insufficient.

Stop payment orders, both oral and written, are valid for six months unless renewed. If circumstances permit the removal of this stop payment, please contact us in writing so that we may cancel this Order. This Order will automatically terminate on the expiration date unless renewed in writing.

Customer Signature *[Signature]*

537850 (50/Pkg)

CUSTOMER