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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

SION OF CORPORATIONS

FILED Jan 29 1998 8:00am Secretary of State

ProCUMENT # P96000023038 (8) CONCEPT PROTOTYPING, INC. Principal Place of Business A Maining Address ZOR RELEAR AGAD MINTER HAVEN PL 33844 A N BERBUDA AVE KSSIMALE PL 34741 South, April 8 etc. DO NOT WRITT IN THIS SPACE 3. Date Incorporated of Guarillead OO/ 11/1896 4. File Number South, April 8 etc. Control 11/1896			1998		DIVISION	N OF COHPORA		3			
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SAXON, R E 24 N BERMUDA AVE KISSIMMEE FL 34741 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, 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, 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, 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 are familiar with an of accept the objection 607,0505, Florida Statutes, in the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I are familiar with a provided or purpose of changing its registered agent. I are familiar with a provided or purpose of changing its registered agent. I are familiar with a provided agent. I hereby accept the appointment as registered agent. I hereby accept the appointment as registered agent. I have a provided agent agent and the applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. MANE 13. STREET ADDRESS 071*-ST-2P 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Change Addition 16. Change Addition 17. Addition ST-2P 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. A	24					30			Personal Properly Tax due June 30. 🔀 Yes 🗌 No		
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KISSIMMEE FL 34741 B3 B4 City FL B5 Zip Code T1. 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 agent. I am familiar with, and accept the Obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed frame of registered agent and time if explicited: (NOTE Registered Agent signature impaired when reinstating) CATE TITLE D							•1	Name			
B3							82 S	treet Add	fress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Sections 607 0502 and 607. 1506, 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 Floride. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered signal, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, lyned or printed name of registered agent and time if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME SIREET ADDRESS 2002 HELENA ROAD 1.3.STREET ADDRESS CITY-ST-ZP TITLE D SAXON, R E 22 NAME 23.STREET ADDRESS CITY-ST-ZP ITTLE D CHange Addition Addition Change Addition Addition Addition STREET ADDRESS CITY-ST-ZP TITLE D CHANGE 1.2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addition Addition Change Addition Addition Addition Addition STREET ADDRESS CITY-ST-ZP TITLE D CHANGE 1.2. ADDRESS CITY-ST-ZP TITLE D CHANGE 1.3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addition Addition Change Addition Addition Addition Addition Addition Addition ADDRESS CITY-ST-ZP TITLE D CHANGE 1.2. ADDRESS CITY-ST-ZP TITLE D CHANGE 1.3. STREET ADDRESS CITY-ST-ZP TITLE D CHANGE 1.4. CITY-ST-ZP TITLE D CHANGE 1.5. TITLE D CHANGE 1.5. TITLE D CHANGE 1.5. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Change Addition Addition Change Addition Addition Change Addition Change Addition Addition Change Addition Addition Change Addition ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS AND OFFICERS ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES	KISSIMMEE FL 34/41						B3			\dashv	
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CITY-ST-ZIP 64 CITY-ST-ZIP			ertify that the	information supplied	with this filing does not a				Section 119.07(3)(i), Florida Statutes. I further certify that the information	\perp	

indicated on this annual report or supplemental annual report is the and securate 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 taster appowered 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 without approach in the receiver of the corporation of the receiver of the recei