

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

FILED

Jun 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000041188 (9)

1. Corporation Name
ASTOUNDING CONCEPTS, INC.



Principal Place of Business

8439 N.W. 16TH STREET
CORAL SPRINGS FL 33071

Mailing Address

8439 N.W. 16TH STREET
CORAL SPRINGS FL 33071-6218

3. Date Incorporated or Qualified

05/14/1996

3a. Date of Last Report

2. Principal Place of Business

21 3186 Coral Lake Lane

Suite, Apt. #, etc.

22 City & State

23 Coral Springs, FL

24 Zip

25 33065

Country

26 USA

2a. Mailing Address

26 3186 Coral Lake Lane

Suite, Apt. #, etc.

27 City & State

28 Coral Springs, FL

29 Zip

30 33065

Country

31 USA

4. FEI Number

65-0669506

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

LADKA, GARY
8439 N.W. 16TH ST.
CORAL SPRINGS FL 33071

Change
Address
Only

10. Name and Address of New Registered Agent

81 Name

GARY LADKA

82 Street Address (P.O. Box Number is Not Acceptable)

3186 Coral Lake Lane

83

84 City

Coral Springs

FL

85 Zip Code

33065

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
LADKA, GARY
8439 N.W. 16TH ST.
CORAL SPRINGS FL 33071

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D
LADKA, GARY
3186 Coral Lake Lane
Coral Springs, FL 33065

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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.

CR2E034 (9/96)

6/1/97 (954) 390-9012