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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 17, 1999 8:00 am Secretary of State 03-17-1999 90157 001 ***150.00

1. Corporation	NCEPTS, INC.	092979									
Principal Place of Business Mailing Address						1 1001101	ii 110 (0)() 100() 00()	1444 13 441 13 14 1	18118 11818 1911	(6010 1011 154)	
2110 GENOVA DRIVE 2110 GENOVA DRIVE											
OVIEDO FL 32765-7226 OVIEDO FL 32765-7226							80.401.46		00405		
					-	Data Lucia	DO NOT WE		SPACE		
						10/28/19		a 			
2. Principal P	ace of Business	2a. Mailing Address			4.	FEI Number		Engan		pplied For	
21 26						APPLIED	FOR 59-3	30 177		ot Applicable	
Suite, Apt. #, etc Suite. Apt. #, etc						Certificate of	f Status Desired		\$8.75 / Fee Re		
						Clastina Ca				\$5.00 May Be	
23 28						6. Election Campaign Financing S5.00 May B Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Country		8		ation owes the cu	rrent year Int	angible		
24				Personal Property Tax Yes					ZNo		
	9. Name and Address of Curren	t Registered Agent			10.	Name and	Address of New	Registered	Agent		
			81	Name							
SANFORD, BRIAN J			82	Street A	Address (F	O. Box Num	nber is Not Accep	table)			
2110 GENOVA DRIVE											
UVIE	DO FL 32765-7226		83								
			84	City					85 Zip (Code	
				Ĺ <u></u>				_FL	<u>. </u>		
office or re	to the provisions of Sections 607 050 egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was aut	horized by	e-named the corpo	corporation pration's be	n submits this pard of direct	s statement for th ors. I hereby acc	e purpose of ept the appoi	changing its ntment as re	gistered	
SIGNATURE							_				
				t signature re	equired when r		01141656 10 0	DATE	ID DIDECTO	DC IN 10	
12.	D OFFICERS AN	OFFICERS AND DIRECTORS 13			PS	AUDITIONS	CHANGES 10 O	FFICERS AF	☐ Change	PAddition	
NAME	SANFORD, BRIAN J					T 50.	COAD				
STREET ADDRESS	ALLO OFFICIAL SPRING		¥			RIAN I SANFORD 110 GENOVA DR					
CITY-ST-ZIP	OUTEDO EL COZOS 3000		1.4 CITY - \$1			viedu Fl 32765					
TITLE	011250 2 02/00 / 220	DELETE 2:11			1 1/1				Change	Addition	
NAME	Į į		2.2 NAME	22 NAME U		WILLIAM J COUTURE					
STREET ADDRESS			23 STREET	ADDRESS	652	Roche	ster ST			[
CITY-ST-ZIP			2.4 CITY-S	T ZIP	Ovie	DO F	=1 3270	:5 _			
TITLE	3.5		3 FFELE						Change	[] Adaition	
NAME			3.2 NAME	1						1	
STREET ADDRESS			3.3 STREET	ADDRESS							
CITY-ST-ZIP			34 CITY S	T-ZP		~					
TITLE		☐ DELETE	4.1 TITLE	1					[] Change	☐ Addition (
NAME			4 2 NAME								
STREET ADDRESS			43STREET	ADDRESS							
CITY-ST-ZIP	· 	[7] 55:515	4.4 CITY - ST	-ZIP					Поч		
TIFLE		☐ DELE1E	51 TITLE						Change	Addition	
NAME			52 NAME	ADDDCCC							
STREET ADDRESS			53 STREET							1	
CITY-ST-ZIP		DELETE	54 CITY+ST	- 2114					Change	Addition	
TITLE		- DELETE	62 NAME						□ change		
NAME STREET ADDRESS			63 STREET	ADDRESS						1	
STREET ADURESS			I SSSINCI,	25,500							

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.

SIGNATURE: