

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Oct 06 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 # P97000106139 (3)  
 1. Corporation Name

BUSINESS CENTER CONCEPTS, INC.



Principal Place of Business  
 7081 GRAND NATIONAL DR., STE. #106  
 ORLANDO FL 32819

Mailing Address  
 7081 GRAND NATIONAL DR., STE. #106  
 ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 599 KISSIMMEE AVE  
 Suite, Apt #, etc.  
 22 BUILDING B  
 City & State  
 23 OCOCHEE, FL  
 Zip  
 24 34761 Country  
 25 USA

2a. Mailing Address  
 26 599 KISSIMMEE AVE 59-3493001  
 Suite, Apt #, etc.  
 27 BUILDING B  
 City & State  
 28 OCOCHEE, FL  
 Zip  
 29 34761 Country  
 30 USA

3. Date Incorporated or Qualified  
 12/12/1997  
 4. FEI Number 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

TRACY, LYNN V  
 7081 GRAND NATIONAL DR., STE. #106  
 ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name TRACY, LYNN V  
 82 Street Address (P.O. Box Number is Not Acceptable) 599 KISSIMMEE AVE  
 83 BUILDING B  
 84 City OCOCHEE FL 85 Zip Code 34761

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 *Lynn V. Tracy* LYNN V. TRACY 9-28-98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	TRACY, LYNN V	
STREET ADDRESS	7026 GOVERN BLVD.	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	VP	[ ] DELETE
NAME	CANADY, JAMES B	
STREET ADDRESS	7026 GOVERN BLVD.	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 \*\*\*1100.00

*B10/6*

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.

SIGNATURE: *Lynn V. Tracy* LYNN V. TRACY 9-28-98 407-6549449

CR2E034 (5/98)