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

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S69207

S69207 (6)

Mailing Address

ADVANCED CONSULTING CONCEPTS, INC.

FILED Apr 17 1998 8:00am Secretary of State



| 2290 10TH AVE NORTH SUITE 604 LAKE WORTH FL 33461 US | | 2290 10TH AVE NORTH SUITE 604 LAKE WORTH FL 33461 US | | DO NOT WRITE IN THIS S | SPACE | |
|--|---|---|----------------------|--|----------------------------------|--|
| | | | | 3. Date Incorporated or Qualified | , ACL | |
| 9 Principal Di | ace of Business | 2a. Mailing Address | | 07/29/1991 4. FEI Number | I la circa de la | |
| 21 393 | I RCA BLVD | | BLVD | | Applied For | |
| Suite, Apt. | | 26 3931 KCA Suite, Apt. #, etc. | | 65-0290288 | Not Applicable \$8.75 Additional | |
| 22 3/14 City & State | | 27] 3/14 City & State | | 5. Certificate of Status Desired | Fee Required | |
| 23 PALM | BEACH GARDENS | 28 Anim BLACK | GARDENS, | FL 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip 23./ | Country | 20 33410 3 | Country USA | 8. This corporation owes or has paid the curr | | |
| 24 <i>3341</i> | | 1201 | o USA | Personal Property Tax due June 30. | Yes No | |
| 9, Name and Address of Current Registered Agent | | | | TO, Marile and Address of New Adjustated Agent | | |
| TARSCHES, RUSSELL B. | | | or Ivallie | | | |
| | OAK CREST TERRACE | | 82 Street | t Address (P.O. Box Number is Not Acceptable) | | |
| Jupiter Fl 33458 | | | 83 | | | |
| | | | 63 | | | |
| | | | 84 City | FL | 85 Zip Code | |
| 11. Pursuant t | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes | , the above-name | d corporation submits this statement for the purpose of | changing its registered | |
| agent. I ar | m fam iliar with, and accept the obligati | ons of, Section 607.05 05, Flori | da Statutes. | rporation's board of directors. I hereby accept the appr | ontinent as registered | |
| SIGNATURE | | | | | | |
| | Signature, typind or printed name of registered against | | · | re required when reinstating) DATE | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AND | | |
| TITLE | D | DELETE | 1.1 TITLE | | Change Addition | |
| NAME | PIERRET, JAY | | 1.2 NAME | | | |
| STREET ADDRESS | 5565 PACIFIC BLVD., #3808 | | 1.3 STREET ADDRESS | ; <u> </u> | | |
| CITY-ST-ZIP | BOCA RATON FL | | 1.4 CITY - ST - ZIP | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | Change Addition | |
| NAME | TARSCHES, RUSSELL B | | 2.2 NAME | | | |
| STREET ADDRESS | 330 OAK CREST TERRACE | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | JUPITER FL | | 2. 4 CITY - ST - ZIP | | | |
| TITLE | | L_) DELETE | 3.1 TITLE | | Change Addition | |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition | |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition | |
| NAME | · | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | <u>:</u> | | 5.4 CiTY-ST-ZIP | | | |
| TITLE | | ☐ DELET E | 6.1 TITLE | | Change Addition | |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | |
| 14. I hereby c | ertify that the information supplied with | this filing does not qualify for | the exemption stal | ted in Section 119.07(3)(i), Florida Statutes. I further ce | tify that the information | |
| officer or o | director of the corporation or the receiv | er or trustee epapowered to ex- | | ignature shall have the same legal effect as if made und is required by Chapter 607, Florida Statutes; and that m | | |
| Block 12 c | or Block 13 if changed, or on an attach | ment with an address. | • | | , | |