

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Spring and Summer  
Secretary of State  
Tallahassee, Florida 32399-0001

APPROVED  
AND  
FILED

MAY - 1 AM 12:14

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S88316**

(2)

To: Corporation Number

**PUBLIC CONCEPTS, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Principal Place of Business

5725 CORPORATE WAY  
STE 210  
WEST PALM BEACH FL 33407  
US

5725 CORPORATE WAY  
STE 210  
WEST PALM BEACH FL 33407  
US

3. Date incorporated or qualified  
**10/21/1991**

3a. Date of Last Report  
**05/01/1994**

4. FEI Number  
**65-0300694**

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. The corporation has liability for intangible tax under S. 199.037 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2b. Mailing Address

21. State Apt. # etc.

26. State Apt. # etc.

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NIELSEN RANDY C**  
**5725 CORPORATE WAY STE 210**  
**WEST PALM BEACH FL 33407**

81. Name

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

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1501, 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. Each 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 607.0105, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                          |
|--------------------|--------------------------|
| 1. NAME            | D<br>NIELSEN, RANDY C.   |
| 2. STREET ADDRESS  | 1240 BEAR ISLAND DR      |
| 3. CITY, ST, ZIP   | WEST PALM BEACH FL       |
| 4. NAME            | D<br>NIELSEN, MELANIE R. |
| 5. STREET ADDRESS  | 1240 BEAR ISLAND DR      |
| 6. CITY, ST, ZIP   | WEST PALM BEACH FL       |
| 7. NAME            | D<br>JOHNSTON RICHARD M  |
| 8. STREET ADDRESS  | 323 LAURIE RD            |
| 9. CITY, ST, ZIP   | WEST PALM BEACH FL       |
| 10. NAME           |                          |
| 11. STREET ADDRESS |                          |
| 12. CITY, ST, ZIP  |                          |
| 13. NAME           |                          |
| 14. STREET ADDRESS |                          |
| 15. CITY, ST, ZIP  |                          |
| 16. NAME           |                          |
| 17. STREET ADDRESS |                          |
| 18. CITY, ST, ZIP  |                          |

|                    |  |                                                                   |
|--------------------|--|-------------------------------------------------------------------|
| 1. NAME            |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |  |                                                                   |
| 3. STREET ADDRESS  |  |                                                                   |
| 4. CITY, ST, ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. NAME            |  |                                                                   |
| 6. STREET ADDRESS  |  |                                                                   |
| 7. CITY, ST, ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. NAME            |  |                                                                   |
| 9. STREET ADDRESS  |  |                                                                   |
| 10. CITY, ST, ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. NAME           |  |                                                                   |
| 12. STREET ADDRESS |  |                                                                   |
| 13. CITY, ST, ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this report is true and correct, 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, 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, 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, and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**RICHARD M JOHNSTON**

4-25-95

407 607 0061