FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S88316** **(2)**

1. Corporation Name

PUBLIC CONCEPTS, INC.

Principal Place of Business	Mailing Address
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: **05/01/1995**

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 5730 Corporate Way	26 5730 Corporate Way
Suite, Apt. #, etc. 22 214	Suite, Apt. #, etc. 27 214
City & State 23 West Palm Beach FL	City & State 28 West Palm Beach, FL
Zip 24 33407	Zip 29 33407
Country 25 Palm Beach	Country 30 Palm Beach

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 5730 Corporate Way

83 Suite 214

84 City: West Palm Beach **FL** 85 Zip Code: 33407

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: Randy C Nielsen President 4/5/96
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when not attesting) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	NIELSEN, RANDY C.		1.2 NAME		
STREET ADDRESS	~~1240 BEAR ISLAND DR~~		1.3 STREET ADDRESS	2770 Meadowlark Ln	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	WPB FL 33409	
TITLE	D	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	NIELSEN, MELANIE R.		2.2 NAME		
STREET ADDRESS	~~1240 BEAR ISLAND DR~~		2.3 STREET ADDRESS	2770 Meadowlark Ln	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	WPB FL 33409	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	JOHNSTON RICHARD M		3.2 NAME		
STREET ADDRESS	~~623 LAURIE RD~~		3.3 STREET ADDRESS	6480 Sargasso Way	
CITY-ST-ZIP	~~WEST PALM BEACH FL~~		3.4 CITY-ST-ZIP	Jupiter, FL 33458	
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			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Randy C Nielsen President 4/5/96 407-688-0061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #