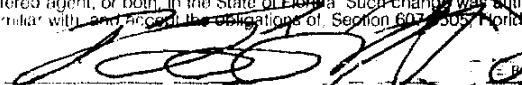
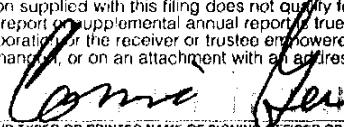


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G60023 (0)			
1. Corporation Name CONEE, INC.			
Principal Place of Business CONEE, INC. 8087 S DIXIE HWY MIAMI FL 33143 US		Mailing Address 800 BRICKELL AVE SUITE 1100 MIAMI FL 33131-2944 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 c/o Bruce Jay Toland, P.A. 27 801 Brickell Avenue 28 Suite 1501 29 Miami, FL 30 Zip 31 Country	
3. Date Incorporated or Qualified 09/13/1983		3a. Date of Last Report 05/20/1996	
4. FEI Number 59-2331756		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	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No		8. Name and Address of Current Registered Agent TOLAND, BRUCE JAY, ESQUIRE 800 BRICKELL AVE SUITE 1100 MIAMI FL 33131	
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Suite 1501 84 City 85 Zip Code Miami FL 33131		10. Name and Address of New Registered Agent	
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:  DATE: 4/28/97			
12. OFFICERS AND DIRECTORS 12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY - ST - ZIP 12.5 DELETE 12.6 TITLE 12.7 NAME 12.8 STREET ADDRESS 12.9 CITY - ST - ZIP 12.10 DELETE 12.11 TITLE 12.12 NAME 12.13 STREET ADDRESS 12.14 CITY - ST - ZIP 12.15 DELETE 12.16 TITLE 12.17 NAME 12.18 STREET ADDRESS 12.19 CITY - ST - ZIP 12.20 DELETE 12.21 TITLE 12.22 NAME 12.23 STREET ADDRESS 12.24 CITY - ST - ZIP 12.25 DELETE 12.26 TITLE 12.27 NAME 12.28 STREET ADDRESS 12.29 CITY - ST - ZIP 12.30 DELETE 12.31 TITLE 12.32 NAME 12.33 STREET ADDRESS 12.34 CITY - ST - ZIP 12.35 DELETE 12.36 TITLE 12.37 NAME 12.38 STREET ADDRESS 12.39 CITY - ST - ZIP 12.40 DELETE 12.41 TITLE 12.42 NAME 12.43 STREET ADDRESS 12.44 CITY - ST - ZIP 12.45 DELETE 12.46 TITLE 12.47 NAME 12.48 STREET ADDRESS 12.49 CITY - ST - ZIP 12.50 DELETE 12.51 TITLE 12.52 NAME 12.53 STREET ADDRESS 12.54 CITY - ST - ZIP 12.55 DELETE 12.56 TITLE 12.57 NAME 12.58 STREET ADDRESS 12.59 CITY - ST - ZIP 12.60 DELETE 12.61 TITLE 12.62 NAME 12.63 STREET ADDRESS 12.64 CITY - ST - ZIP 12.65 DELETE 12.66 TITLE 12.67 NAME 12.68 STREET ADDRESS 12.69 CITY - ST - ZIP 12.70 DELETE 12.71 TITLE 12.72 NAME 12.73 STREET ADDRESS 12.74 CITY - ST - ZIP 12.75 DELETE 12.76 TITLE 12.77 NAME 12.78 STREET ADDRESS 12.79 CITY - ST - ZIP 12.80 DELETE 12.81 TITLE 12.82 NAME 12.83 STREET ADDRESS 12.84 CITY - ST - ZIP 12.85 DELETE 12.86 TITLE 12.87 NAME 12.88 STREET ADDRESS 12.89 CITY - ST - ZIP 12.90 DELETE 12.91 TITLE 12.92 NAME 12.93 STREET ADDRESS 12.94 CITY - ST - ZIP 12.95 DELETE 12.96 TITLE 12.97 NAME 12.98 STREET ADDRESS 12.99 CITY - ST - ZIP 13.00 DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY - ST - ZIP 13.5 DELETE 13.6 TITLE 13.7 NAME 13.8 STREET ADDRESS 13.9 CITY - ST - ZIP 13.10 DELETE 13.11 TITLE 13.12 NAME 13.13 STREET ADDRESS 13.14 CITY - ST - ZIP 13.15 DELETE 13.16 TITLE 13.17 NAME 13.18 STREET ADDRESS 13.19 CITY - ST - ZIP 13.20 DELETE 13.21 TITLE 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY - ST - ZIP 13.25 DELETE 13.26 TITLE 13.27 NAME 13.28 STREET ADDRESS 13.29 CITY - ST - ZIP 13.30 DELETE 13.31 TITLE 13.32 NAME 13.33 STREET ADDRESS 13.34 CITY - ST - ZIP 13.35 DELETE 13.36 TITLE 13.37 NAME 13.38 STREET ADDRESS 13.39 CITY - ST - ZIP 13.40 DELETE 13.41 TITLE 13.42 NAME 13.43 STREET ADDRESS 13.44 CITY - ST - ZIP 13.45 DELETE 13.46 TITLE 13.47 NAME 13.48 STREET ADDRESS 13.49 CITY - ST - ZIP 13.50 DELETE 13.51 TITLE 13.52 NAME 13.53 STREET ADDRESS 13.54 CITY - ST - ZIP 13.55 DELETE 13.56 TITLE 13.57 NAME 13.58 STREET ADDRESS 13.59 CITY - ST - ZIP 13.60 DELETE 13.61 TITLE 13.62 NAME 13.63 STREET ADDRESS 13.64 CITY - ST - ZIP 13.65 DELETE 13.66 TITLE 13.67 NAME 13.68 STREET ADDRESS 13.69 CITY - ST - ZIP 13.70 DELETE 13.71 TITLE 13.72 NAME 13.73 STREET ADDRESS 13.74 CITY - ST - ZIP 13.75 DELETE 13.76 TITLE 13.77 NAME 13.78 STREET ADDRESS 13.79 CITY - ST - ZIP 13.80 DELETE 13.81 TITLE 13.82 NAME 13.83 STREET ADDRESS 13.84 CITY - ST - ZIP 13.85 DELETE 13.86 TITLE 13.87 NAME 13.88 STREET ADDRESS 13.89 CITY - ST - ZIP 13.90 DELETE 13.91 TITLE 13.92 NAME 13.93 STREET ADDRESS 13.94 CITY - ST - ZIP 13.95 DELETE 13.96 TITLE 13.97 NAME 13.98 STREET ADDRESS 13.99 CITY - ST - ZIP 14.00 DELETE	
14. I do 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:  DATE: 4/28/97 (305) 441-0608 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Coni Goudie, Pres			

CR2E034 (9/96)