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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # G74208

(1)

CONAR(CONSULTING AND RESPRESENTATIONS INC.)

Principal Place of Business % MICHAEL E. LAMBRECHTS 429 S.W. FAIRWAY LANDING PORT ST. LUCIE FL 34986 Mailing Address

% MICHAEL E. LAMBRECHTS 429 S.W. FAIRWAY LANDING PORT ST. LUCIE FL 34986

FILED Jan 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

 Date Incorporated or Qualified 12/16/1983

	ace of Business	za. Maling Address			59-2416090		oplied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					ot Applicable Additional	
22	27	eic.		5. Certificate of Status Desired		additional equired		
City & State	2	City & State	City & State		6. Election Campaign Financing	\$5.00	···	
23		28			Trust Fund Contribution	Added	1	
Zip	Country	Country Zip Cou						
24	25	⊢	ol		Personal Property Tax due June 30. Yes No			
g. Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent		
LAMBRECHTS, MICHAEL E.				Name				
429 SW FAIRWAY LANDING				Di A dala	(D.C. Day Niverbay is Not Assessable)			
PT ST LUCIE FL 34986-9124			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
			83	83				
			Щ					
			84	City	F	85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above							s registered	
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 objection 607.0505, Florida Statutes.								
SIGNATURE /// CADCA /C Jacobs // Jac								
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	LAMBRECHTS, MICHAEL E		1.2 NAME					
STREET ADDRESS	425 SW FAIRWAY LANDING		1.3 STREET	ADDRESS				
CITY-ST-ZIP	PT ST LUCIE FL		1.4 CITY-S					
TITLE			2.1 TITLE			☐ Change	■ Addition	
NAME	LAMBRECHTS, MARIA J.		2.2 NAME					
STREET ADDRESS	425 SW FAIRWAY LANDING		2.3 STREET	ADDRESS	Man			
CITY-ST-ZIP	PT ST LUCIE FL		2. 4 CITY - S	T-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME			3.2 NAME				ļ	
STREET ADDRESS	- 1		3.3 STREET	ADDRESS			1	
CITY-ST-ZIP			3.4. CITY - S	T-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	T-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					
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST		•			
	ertily that the information supplied w	ith this filing does not qualify for			Section 119.07(3)(i), Florida Statutes. I further	certify that the	information	

4.1 Thereby certify that the information supplied with this tilling does not quality 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 oddress.

SIGNATURE.

Mi Sail Suffertible who

1/8/98

581-340-1165