

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P03022 (1)
 1. Corporation Name
CONDERE CORPORATION



Principal Place of Business 2750 DIXWELL AVENUE HAMDEN CT 06518	Mailing Address 2750 DIXWELL AVENUE HAMDEN CT 06518
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 89 KELLY AVE Suite, Apt. #, etc.		2a. Mailing Address 26 89 KELLY AVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/14/1984	
22 City & State		27 City & State		4. FEI Number 06-1105067 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
23 NATCHEZ MS Zip Country		28 NATCHEZ MS Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 39121 25		29 39121 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PDC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERN, SCOTT C.	1.2 NAME	MAURICE M. TAYLOR, JR.
STREET ADDRESS	2750 DIXWELL AVENUE	1.3 STREET ADDRESS	2701 SPRUCE STREET
CITY-ST-ZIP	HAMDEN CT	1.4 CITY-ST-ZIP	QUINCY, IL. 62301
TITLE	PCD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERWILLIGER, DENNIS T.	2.2 NAME	FRED TAYLOR
STREET ADDRESS	2750 DIXWELL AVENUE	2.3 STREET ADDRESS	218 LINDALE ROAD
CITY-ST-ZIP	HAMDEN CT	2.4 CITY-ST-ZIP	ROME, GA. 30162
TITLE	VT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARIS, DONALD J.	3.2 NAME	JOHN O'MARA
STREET ADDRESS	2750 DIXWELL AVENUE	3.3 STREET ADDRESS	623 LAKE AVE
CITY-ST-ZIP	HAMDEN CT	3.4 CITY-ST-ZIP	GREENWICH, CT. 06830
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIEHL, EDWARD L.	4.2 NAME	
STREET ADDRESS	2750 DIXWELL AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAMDEN CT	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JERRY	5.2 NAME	
STREET ADDRESS	2750 DIXWELL AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAMDEN CT	5.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOSS, DONALD	6.2 NAME	
STREET ADDRESS	2750 DIXWELL AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HAMDEN CT	6.4 CITY-ST-ZIP	

14. I 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 **FRANCIS A. CASE** 11-18

CR2E034 (10/97)