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 # **349362** **(4)**

1. Corporate Name

COMMERCIAL-CONDREY ENTERPRISES, INC.

Principal Address

7301 OVERLAND ROAD
ORLANDO FLORIDA 32856

Mailing Address

P.O BOX 568396
ORLANDO FL 32856-8396

2. Principal Place of Business
21
Suite Apt. Unit
22
City, State
23
24 Country 25

2a. Mailing Address
26
Suite Apt. Unit
27
City, State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **07/14/1969**

3a. Date of Last Report: **01/13/1995**

4. FEI Number: **59-1270272** 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. Is the corporation liable for intangible tax under s. 199.032 Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

MATEER, WILLIAM G
100 E ROBINSON ST
ORLANDO FL 32802

10. Name and Address of New Registered Agent

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 Section 607.0501 and 607.0505 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 duties and obligations of Section 607.0505, Florida Statutes.

Signature of New Registered Agent

Date

12. OFFICERS AND DIRECTORS

PD [ ] DELETE
CONDREY,HAL D.
317 W KALEY AVENUE
ORLANDO FL 32806

VD [ ] DELETE
RADAM JR.,WILLIAM F.
3 HARBECK LANE
SORRENTO FL

VD [ ] DELETE
COWDREY, S. DEVIN
317 W KALEYA V
ORLANDO FL

ST [ ] DELETE
PEAGLER, JOANNE
317 W KALEY AV
ORLANDO FL

[ ] DELETE

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY ST ZIP
[ ] Change [ ] Add

2 TITLE
3 NAME
4 STREET ADDRESS
5 CITY ST ZIP
[ ] Change [ ] Add

3 TITLE
4 NAME
5 STREET ADDRESS
6 CITY ST ZIP
[ ] Change [ ] Add

CONDREY

4 TITLE
5 NAME
6 STREET ADDRESS
7 CITY ST ZIP
[ ] Change [ ] Add

5 TITLE
6 NAME
7 STREET ADDRESS
8 CITY ST ZIP
[ ] Change [ ] Add

6 TITLE
7 NAME
8 STREET ADDRESS
9 CITY ST ZIP
[ ] Change [ ] Add

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 above, or on attached rosters.

SIGNATURE: 1/19/96 407-422-9866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone Number

CR2E034 (12/95)