Sep 04, 2003 8:00 am Secretary of State

		CORPOR		
UNIFOR	M BUSIN	ESS REP	ORT	(UBR)

، حر :	UNIFORM BUSINESS REPORT (UBR)				Secretary of Stat				
	1. Entity Nam	MENT# 4440 ndec Inc	97				08-21-2003 \$	90107 047 ***1.	30.00
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		lace of Business	3. Mailing Address				000000	•	
		4 LISMORE Court	9034 LISMOV	Cr					
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		1		DO NOT WRITE IN THIS	SPACE	
	City & Stat	se Washee Fla	City & State Weekee Wac	hee Fl	á	4. FEI Number 59-1:	509800	Applied For Not Applica	ble
	346	13 Hernando	34613	Country Hermand		5. Certificate of S	tatus Desired	\$8.75 Additional Fee Required	
			·		7.		ess of Current Registers		ゴ
	بعد تسالت حا	للمحاجب والمستبيرة أوالمستنفية والمتعارض والمت			Pra	nk Ei	For tione	Sec	٠.
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	IN THIS SPACE			7037		1 Lismore Court			\dashv
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ز	<u> </u>	-				Wachee	FL		
	the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office o	r registered	agent, or both, in	the State of Florida. I am	lamiliar with, and accep	Pt
ļ	_	•				,	•	•	}
	SIGNATURE	Signeture, typed or printed name of registered agent e	nd side if applicable. (NOTE:	Registered Agont signer	nie tednised en	nen reinstating)	DATE		
•		nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	State				Campaign Financing and Contribution.	\$5.00 May Be Added to Fees	•
	10.	OFFICERS AND		,			 		\dashv
	TITLE	Pres-		TITLE		 		•	702)
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	TITLE	Prant E. Souliere	7>	TITLE	 				CRZE034B (12/02)
	NAME	Shutgap Rd	•	NAME	!				2
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	TITLE	Spring City Team	37.38)	TITLE	 				
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shell have the same legal effect as if mede 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 10 or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-57-ZIP

SIGNATURE: _			Just 5 Soulis	8/18/03	353592587
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING O	OFFICER OR DIRECTOR	Date	Daysme Phone #

NAME

STREET ADDRESS

CITY-ST-ZIP

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July 18, 2003

Uniform Business Report Division of Corporations P. O. Box 1500 Tallahassee, Florida 32302-1500

Re: 2003 UBR Annual Report for Condec, Inc.

To Whom It May Concern:

Enclosed is an original 2003 UBR Annual Report for CONDEC, INC. to be filed with the Florida Department of State.

I did not receive the 2003 UBR Annual Report packet from the Department of State due to a change of address. I am writing this note to explain the late filing and to request a waiver of the penalty.

My check in the amount of \$150.00 is enclosed to cover the filing fee.

Thank you for your assistance. If you have any questions, please do not hesitate to call. 352593 5877

Sincerely,

Frank Souliere, Sr.

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Enclosures ::ODMA\PCDOCS\DOCS\100675\1

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