

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

FILED  
Apr 28 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 # 479071 (3)  
1. Corporation Name  
CONARK, INC.

Principal Place of Business  
600 N MASHTA DR  
KEY BISCAINE FL 33149

Mailing Address  
600 N MASHTA DR  
KEY BISCAINE FL 33149



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/03/1975	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-1606634	Applied For Not Applicable
22 City & State	27	28 City & State	29	6. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	24	25 Country	26	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

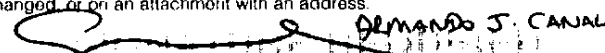
9. Name and Address of Current Registered Agent CANAL, ARMANDO J. 4090 HARDIE ROAD COCONOT GROVE FL 33133		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code

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	PD	1.1 TITLE	
NAME	CANAL, ARMANDO	1.2 NAME	
STREET ADDRESS	600 N MASHTA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAINE, FL 0	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	CANAL, CONSUELO	2.2 NAME	
STREET ADDRESS	600 N MASHTA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAINE, FL 0	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	CANAL, KATHLEEN	3.2 NAME	
STREET ADDRESS	600 N MASHTA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAINE, FL 0	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	CANAL, ARMANDO J	4.2 NAME	
STREET ADDRESS	600 N MASHTA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAINE, FL 00000	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  ARMANDO J. CANAL  
April 17, 1998 (3-3) 663 4929

CR2E034 (10/97)