

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22 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 # **641034** (4)
1. Corporation Name
CONROY, SIMBERG & GANON, P.A.



Principal Place of Business C/O VENTURE CORPORATE CENTER I 3440 HOLLYWOOD BLVD. 2ND FL HOLLYWOOD FL 33021	Mailing Address C/O VENTURE CORPORATE CENTER I 3440 HOLLYWOOD BLVD. 2ND FL HOLLYWOOD FL 33021
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/17/1979	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1943544		Applied For ☐ Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23 Zip	28 Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			
24 Country	29 Country				

9. Name and Address of Current Registered Agent

**CONROY, THOMAS W.
2945 SURREY LANE
FT LAUDERDALE FL 33331**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CONROY, THOMAS W ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CONROY, THOMAS W	1.2 NAME	
STREET ADDRESS	2945 SURREY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	VTD SIMBERG, BRUCE ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SIMBERG, BRUCE	2.2 NAME	
STREET ADDRESS	488 ADDISON PARK AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-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-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-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
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 in an attachment with an address.

SIGNATURE:

Thomas W. Conroy

7/2/98

(954) 961-1400

CR2E034 (5/98)