


FILE NOW: FILING FEE IS \$61.25

FILED  
May 16 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 736856 (6)</b>					
<b>1. Corporation Name</b> <b>CONDUCE CLUB, INC.</b>					
<b>Principal Place of Business</b> 4818 DALLEN LEA DR. JACKSONVILLE FL 32208			<b>Mailing Address</b> 4818 DALLEN LEA DR. JACKSONVILLE FL 32208-7611		
<b>2. Principal Place of Business</b> 21 4818 Dallen Lea Dr. Suite, Apt. #, etc. NA City & State FAX, FL. Zip 32208 Country DUAL		<b>2a. Mailing Address</b> 26 SAME Suite, Apt. #, etc. NA City & State SAME Zip SAME Country SAME		<b>3. Date Incorporated or Qualified</b> 09/22/1976 <b>3a. Date of Last Report</b> 05/01/1996 <b>4. FEI Number</b> NOT APPLICABLE <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required <b>6. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees <b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> TARVER, CORNELL 4818 DALLEN LEA RD. JACKSONVILLE FL 32208			<b>10. Name and Address of New Registered Agent</b> 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
<b>11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.</b> SIGNATURE <u>TARVER, CORNELL</u> DATE <u>03-20-97</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
TITLE CD NAME KAY, DELORIS STREET ADDRESS 2118 COMMONWEALTH AVENUE CITY-ST-ZIP JACKSONVILLE FL 32208			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE PD NAME CHAMBERS, DELORIS STREET ADDRESS 5060 PRINCLEY AVENUE CITY-ST-ZIP JACKSONVILLE FL 32208			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE SD NAME YOUNG, LILLIAN STREET ADDRESS 1128 BRIDIER ST. CITY-ST-ZIP JACKSONVILLE FL 32208			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE DT NAME STOKES, FREDDIE STREET ADDRESS 435 W. 27TH ST. CITY-ST-ZIP JACKSONVILLE FL 32208			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
<b>14. I do 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 617, Florida Statutes; and that my name, appears in Block 12 or Block 13 if changed, or on an attachment with an address.</b>					
<b>SIGNATURE:</b> <u>Deloris Kay</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03-20-97 (904) 766-5240 <small>Date Daytime Phone #0005102</small>		

CR2E037 (9/96)