

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

FILED

Feb 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000000546 (0)

1. Corporation Name  
CONI MACH & ASSOCIATES, INC.



Principal Place of Business  
16470 KELLY COVE DR.  
UNIT 2840  
FT. MYERS FL 33980

Mailing Address  
16470 KELLY COVE DR.  
UNIT 2840  
FT. MYERS FL 33908-3133

3. Date Incorporated or Qualified  
02/01/1995

3a. Date of Last Report  
02/02/1996

2. Principal Place of Business 21 2110 ARIELLE DR. Suite, Apt. #, etc. 22 #110 City & State 23 NAPLES, FL Zip 24 34109	2a. Mailing Address 26 2110 ARIELLE DR. Suite, Apt. #, etc. 27 #110 City & State 28 NAPLES, FL Zip 29 34109	4. FEI Number 76-0006318	Applied For Not Applicable
Country 25 USA	Country 30 USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KING, CLIFFORD M  
100 WALLACE AVENUE  
SUITE 380  
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name  
KING, CLIFFORD M.  
82 Street Address (P.O. Box Number is Not Acceptable)  
NAMACK, CLARK & KEENEY  
83 1800 SECOND ST., SUITE 855  
84 City  
SARASOTA  
85 Zip Code  
FL 34236

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: Constance A. Mach, President 2/19/97  
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 P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MACH, CONSTANCE A		1.2 NAME	
STREET ADDRESS 1489 LANDING LAKE DRIVE		1.3 STREET ADDRESS	2110 ARIELLE DR. #110
CITY-ST-ZIP SARASOTA-FL		1.4 CITY-ST-ZIP	NAPLES, FL 34109
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MACH, CONSTANCE A.		2.2 NAME	
STREET ADDRESS 1489 LANDINGS LAKE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Constance A. Mach, President 2/19/97 941-513-0172  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)