


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

FILED

Apr 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
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DOCUMENT # F95000004198 (6)

1. Corporation Name  
CONIC CORPORATION



Principal Place of Business 9020 BALBOA AVE SAN DIEGO CA 92123-0507	Mailing Address 9020 BALBOA AVE SAN DIEGO CA 92123-1510
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/30/1995		3a. Date of Last Report 01/30/1996	
21		26		4. FEI Number 95-2923961		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
25		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHWARTZ, BERNARD L			1.2 NAME			
STREET ADDRESS	600 THIRD AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10016-2065			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANZA, FRANK C			2.2 NAME			
STREET ADDRESS	600 THIRD AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10016-2065			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TARGOFF, MICHAEL B			3.2 NAME			
STREET ADDRESS	600 THIRD AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10016-2065			3.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEBLASIO, MICHAEL P			4.2 NAME			
STREET ADDRESS	600 THIRD AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10016-2065			4.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHINDALL, JOEL			5.2 NAME			
STREET ADDRESS	9020 BALBOA AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	SAN DIEGO CA 92123-0507			5.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOLDSTEIN, KENNETH R			6.2 NAME			
STREET ADDRESS	600 THIRD AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10016-2065			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 or changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (9/96)