FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name G24329

(6)

CONDEFF, INC.

Principal Place	of Business	

Mailing Address



1341 S MILITARY TRL DEERFIELD BCH FL 33442			1341 S MILITARY TRL DEERFIELD BCH FL 33442										
								1	te Incorporated	or Qualified	1	e of Las 4/27/1	t Report
2. Principal Pla	ce of Business	ş	2a. M	lailing Address				4. FE	Number			7-1	Applied For
21			26					1	59-2288329)		-	Not Applicable
Suite, Apt. #	, etc.			uite, Apt. #, etc.				5. Co	rtificate of Status			\$8.	75 Additional
22	***************************************		27									Fe	e Required
City & State				ity & State					ction Campaign st Fund Contrib				.00 May Be
23 Zio	······	Country	28		7					·			Ided to Fees
Zip 24	2	Country	29	þ	30	Country 8. This corporation has liability for intangible tax under s 199.0 Florida Statutes Yes No						rs 199.032,	
[24]		nd Address of Curre		ed Agent	1301			10. Name and Address of New Registered Agent					
						81	Name						and the call the constraint that total had to the fitter.
CONDEE	F, LOUIS J.				-	82	Street Add	roce (D.O.)	Box Number is N	lot Acconta	20)		
	KMONT TEF	RRACE				ا "	Street Addi	11655 (F.O. 1	DOX NUMBER IS T	NOT ACCEPTAN	Jie)		
	SPRINGS FL					83							
						84	City					85	Zip Code
											FL	- _	<i>'</i>
or registere	ed agent, or bo	is of Sections 607,050 oth, in the State of Flor the obligations of, Sec	ida Such el	nange was authorize	ed by the o	ve-r orpx	named corpoi oration's boa	oration subr ard of direct	nits this stateme tors. I hereby ac	nt for the pu cept the app	rpose of ch pointment a	anging i s registe	ts registered office red agent. I am
SIGNATURE	Shingture, tuned or	printed name of registered agen	e assentella il assent	nahla (NO	it Floristered	5 non	t signature require	erl when rainsta	atenti	B. 10.000 1 80.00 10.00	DATE		
12.	organia u. 19100 oi	OFFICERS AN			13.	- gon	- Signata o require		DITIONS/CHAN	GES TO OFF		D DIREC	TORS IN 12
TITLE	P			DELETE	1. 1 Tu	TLE			.			☐ Chan	ge Addition
NAME	CONDEFF	F, LOUIS J.			1.2 NA	ME							
STREET ADDRESS	1900 OAF	MONT TERRACE			1.3 ST	REET	ADDRESS						ļ
CITY-ST-ZIP	CORAL S	PRINGS FL			1.4 017	Y-S	T - ZIP						
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NAME	CONDEF				2 2 NA	ME							
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NAME					3 2 NA								
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							ADDDECC						
STREET ADDRESS							ADDRESS						
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STREET ADDRESS					1		ADDRESS						
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NAME					6.2 NA								-
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP					6.4 CI								
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 cooperation 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-426-8121