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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

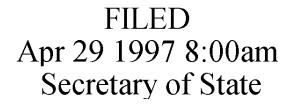
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

CONDEFF, INC.





Principal Place	or Business	[VI	nalling Address									
1341 8 MILITAR DEERFIELD BCI			341 S MILITARY TRL DEERFIELD BOH FL 3344	12-7634								
							3, Date Incorporated or Qualified 02/16/1983		3a. Date of Last Report 05/01/1996			
2. Principal Place of Business			2a, Mailing Address				4, FEI Number			Apr	lied For	
21		26					59-2288329				Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State			City & State				6. Election Campaign Financing		\$5.	.00 ı	vlay Be	
23			28				Trust Fund Contribution	<u> </u>				
Zip			Zip 1	Country			8. This corporation has liability for intangible tax under s. 199.032,					
24	25 29 Name and Address of Current Regi		stored Agent	30			Florida Statutes LJ Yes L No  10 Name and Address of New Registered Agent					
	<u> </u>	nt negi	stelen Wåeut		81	Name	10. Name and Address of New Neg	istereu P	gont			
	IDEFF, LOUIS J.				٠.	1400116						
1900 OAKMONT TERRACE			82 Street			Street Add	Address (P.O. Box Number is Not Acceptable)					
COR	AL SPRINGS FL 33071			-	83							
					63							
					84	City		FL	65	Zip C	ode	
	10 11 007 007	00 10	007.4500 [0.1]	1 11						16-		
office or re	egistered agent, or both, in the State	of Flor	rida. Such change was	authorized	Ιbν	v the corpora	poration submits this statement for the pation's board of directors. I hereby accep	rpose or t the appo	chang: bintmer	ng as nt as r	registered egistered	
agent. 1 ar	n familiar with, and accept the oblig	jations (	of, Section 607.0505, F	lorida Statu	utes	S.						
SIGNATURE	N		410	O.C. Discount			ared when reinstating)	DATE				
12.	Signature, typod or printed name of registered ag OFFICERS AN		<u> </u>	13.	J GA	un: signaturo requ	ADDITIONS/CHANGES TO OFFIC		DIREC	TORS	IN 12	
TITLE	P DELETE			1.1 TITLE		ADDITIONO/OFFANGES TO GETTO	LIIO AND	Cha		Addition		
NAME	CONDEFF, LOUIS J.		<del>-</del>	1,2 N						-		
STREET ADDRESS	1900 OAKMONT TERRACE			1	STREET ADDRESS							
CITY-ST-ZIP	CORAL SPRINGS FL				1.4 City-St-ZIP							
TITLE	SD		☐ DELETE		2.1 TITLE				☐ Cha	nge	Addition	
NAME	CONDEFF, ELAINE			2.2 NA	2.2 NAME							
STREET ADDRESS	6022 NW 50TH ST			2.3 \$		ADDRESS						
CITY-ST-ZIP	CORAL SPGS FL			2.4 CI	2. 4 CITY - ST - ZIP							
TITLE	AAISM AI MA I P		DELETE		3.1 TITLE				Cha	nge	Addition	
NAME				3.2 NA	ME							
STREET ADDRESS				3.3 \$10	REET	ADDRESS						
CITY-ST-ZIP				3.4. Ci	117-5	ST-ZIP						
TITLE			DELETE	4.1 111	LF				☐ Cha	nge	☐ Addition	
NAME				4. 2 NA	AME							
STREET ADDRESS				4.3 S11	REET	ADDRESS						
CITY-ST-ZIP				4.4 CIT	1Y-S	31 - ZIP						
TITLE			☐ DELETE	5.1 TIT	LE				☐ Cha	nge	☐ Addition	
NAME				5.2 NA	ME							
STREET ADDRESS				5.3 ST	REET	ADDRESS						
CITY-ST-ZIP				5.4 CIT	IY-S	ST - ZIP						
TITLE			☐ DELETE	6.1 117	FLF				☐ Cha	nge	Addition	
NAME				62 NA	ME							
STREET ADDRESS				63 \$11	REET	ADDRESS						
CITY-ST-ZIP				6.4 CH	TY-S	ST - <b>7</b> IP						

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 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.