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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

DOCUMENT # G67150

(4)

1. Corporation Name
CONAX FLORIDA CORPORATION



Principal Place of Business

Mailing Address

**% LAWRENCE R THOMAS
 2801 75TH STREET NORTH
 ST. PETERSBURG FL 33710**

**% LAWRENCE R THOMAS
 2801 75TH STREET NORTH
 ST. PETERSBURG FL 33710-2936**

3. Date Incorporated or Qualified **10/31/1983** 3a. Date of Last Report **04/25/1996**

2. Principal Place of Business

2a. Mailing Address

21 **c/o Jeffrey K. Eckhart**
 Suite, Apt. #, etc.

26 **c/o Jeffrey K. Eckhart**
 Suite, Apt. #, etc.

4. FEI Number **06-1090689** Applied For Not Applicable

22 **2801 - 75th Street No.**
 City & State

27 **2801 - 75th Street No.**
 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **St. Petersburg, Florida**

28 **St. Petersburg, Florida**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33710** Country **USA**

25

29 Zip **33710** Country **USA**

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERZIG, STEPHEN A
 2801 75TH ST N
 ST PETERSBURG FL 33710**

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	CCEO	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, LAWRENCE R	
STREET ADDRESS	8473 BARDMOOR PLACE	
CITY-ST-ZIP	LARGO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LOSI, ROBERT	
STREET ADDRESS	2486 STAG RUN	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NAAB, CARLTON W.	
STREET ADDRESS	2126 FLAMINGO RD	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WOJDAN, STANLEY J.	
STREET ADDRESS	3111 BISHOP DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ECKHART, JEFFREY K.	
1.3 STREET ADDRESS	436 - 3RD AVENUE NO.	
1.4 CITY-ST-ZIP	TIERRA VERDE, FLA. 33715	
2.1 TITLE	V.P./HUMAN RESOURCES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NIGH, CLIFFORD	
2.3 STREET ADDRESS	10154 - 118TH WAY NO.	
2.4 CITY-ST-ZIP	SEMINOLE, FLORIDA 34642	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 unchanged, or on an attachment with an address.

SIGNATURE _____ DATE **4/14/97** (813) 345-8000

CR2E034 (9/96)