

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
**WECKHART, JEFFREY, K  
2801 75TH ST N  
ST. PETERSBURG FL 33710  
US**

Mailing Address  
**WECKHART, JEFFREY, K  
2801 75TH STREET NORTH  
ST. PETERSBURG FL 33710  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/31/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		06-1090689	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		25	
Country		Country		30	

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ECKHART, JEFFREY K	
STREET ADDRESS	436 3RD AVE N	
CITY-ST-ZIP	TIERRA VERDE 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 checked="" type="checkbox"/> DELETE
NAME	WOJDAN, STANLEY J.	
STREET ADDRESS	3111 BISHOP DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NGH, CLIFFORD	
STREET ADDRESS	10154 118TH WAY N	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	737 Pinellas Bayway #108
1.4 CITY-ST-ZIP	Tierra Verde, Florida 33715
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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:

*[Signature]*

4/17/98 (813) 345-8000

CR2E034 (10/97)