

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H80840** (2)
1. Corporation Name
THE CONLEY GROUP, INC.



Principal Place of Business: **800 CORTEZ RD., W. BRADENTON FL 34207 US**
Mailing Address: **800 CORTEZ RD., W. BRADENTON FL 34207 US**

3. Date Incorporated or Qualified: **10/15/1985**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **59-2646951** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statute: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21. Suite, Apt. #, etc.:
22. City & State:
23. Zip: Country:
24. Zip: Country:
26. Suite, Apt. #, etc.:
27. City & State:
28. Zip: Country:
29. Zip: Country:

9. Name and Address of Current Registered Agent
**CONLEY, JEFFREY A.
800 CORTEZ RD., W.
BRADENTON FL 34207**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.07(2) and 607.15(1), Florida Statute, 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 is 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 607.09(6), Florida Statute.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	CONLEY, ROGER P.	
STREET ADDRESS	2401 MANATEE AVENUE WEST	
CITY-STATE-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONLEY, JEFFREY A.	
STREET ADDRESS	800 CORTEZ ROAD WEST	
CITY-STATE-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONLEY, ILEY	
STREET ADDRESS	800 CORTEZ ROAD WEST	
CITY-STATE-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is what my firm has furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statute. I further certify that the information indicated on this annual report or supplementary annual report is true and correct, 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 member or partner responsible to execute this report as required by Chapter 607, Florida Statute, and that my name appears in Block 12 or Block 13 of this report or an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: DIRECTOR

3-26-96 (941) 755-8521
DATE TIME

CR2E034 (12/95)