

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H96612 (7)
1. Corporation Name
JIM & JAN CONRAD, INC.



Principal Place of Business
6043 KIMBERLY BLVD
T
N. LAUDERDALE FL 33068
US

Mailing Address
6043 KIMBERLY BLVD.
T
FT. LAUDERDALE FL 33068
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1115 SUSSEX DR Suite, Apt. #, etc. 22 City & State 23 N. LAUDERDALE 24 Zip 33068 Country U.S.A		2a. Mailing Address 25 1115 SUSSEX DR Suite, Apt. #, etc. 26 City & State 27 N. LAUDERDALE 28 Zip 33068 Country U.S.A		3. Date Incorporated or Qualified 01/30/1986	4. FEI Number 59-2635326 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CONRAD, JANET D. 117 GARDENS DR #102 POMPANO BEACH FL 33069		10. Name and Address of New Registered Agent 81 Name JANET D. CONRAD 82 Street Address (P.O. Box Number is Not Acceptable) 1115 SUSSEX DR 83 84 City N. LAUDERDALE FL 85 Zip Code 33068	
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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 Janet D. Conrad VP/Treas/Sec 4/30/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONRAD, JAMES J	1.2 NAME	JAMES J. CONRAD
STREET ADDRESS	117 GARDENS DR #102	1.3 STREET ADDRESS	1115 SUSSEX DR
CITY-ST-ZIP	POMPANO BCH. FL	1.4 CITY-ST-ZIP	N. LAUDERDALE, FL 33068
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VTS	2.2 NAME	VP. Treas. Sec.
STREET ADDRESS	CONRAD, JANET D	2.3 STREET ADDRESS	JANET D. CONRAD
CITY-ST-ZIP	117 GARDENS DR #102	2.4 CITY-ST-ZIP	1115 SUSSEX DR
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	N. LAUDERDALE, FL 33068
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Janet D. Conrad 4/30/98 954-724-5336

CR2E034 (10/97)