

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J12670** (2)  
1. Corporation Name  
**CONCO DEVELOPMENT CORP.**



Principal Place of Business: **4720 OLD BETTYSBURG RD STE 307 MECHANICSBURG PA 17055 US**  
Mailing Address: **4720 OLD GETTYSBURG RD STE 307 MECHANICSBURG PA 17055 US**

3. Date Incorporated or Qualified: **05/05/1986**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2738108**  
5. Certificate of Status Desired:  Applied For,  Not Applicable  
6. Election Campaign Financing Trust Fund Contribution:  **\$8.75** Additional Fee Required,  **\$5.00** May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes,  No

21. Principal Place of Business: **4720 Old Bettysburg Rd.**  
22. Suite, Apt. #, etc.:  
23. City & State: **Mechanicsburg PA**  
24. Zip: **17055**  
25. Country: **U.S.**  
26. Mailing Address: **4720 Old Bettysburg Rd**  
27. Suite, Apt. #, etc.:  
28. City & State: **Mechanicsburg PA**  
29. Zip: **17055**  
30. Country: **U.S.**

9. Name and Address of Current Registered Agent  
**CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
SUITE 1  
TALLAHASSEE FL 32301**

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

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTENZIO, JOHN M.	1.2 NAME	
STREET ADDRESS	4720 OLD BETTYSBURG RD STE 307	1.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	2.1 TITLE	
NAME	ORTENZIO, ROBERT A.	2.2 NAME	
STREET ADDRESS	4720 OLD GETTYSBURG RD STE 307	2.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	3.1 TITLE	
NAME	ORTENZIO, MARTIN J.	3.2 NAME	
STREET ADDRESS	4720 OLD BETTYSBURG RD STE 307	3.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST	4.1 TITLE	
NAME	ORTENZIO, ANGELA D.	4.2 NAME	
STREET ADDRESS	4720 OLD GETTYSBURG RD STE 307	4.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: DATE: **3/29/96** (717) 763-1770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)