

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J14895

(3)

1. Corporation Name

CONOSIL SYSTEMS INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 05/19/1986	3a. Date of Last Report 04/14/1994
4. FEI Number 59-2677339	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
6. This corporation has liability for intangible tax under Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
P.O. BOX 1871 BOCA RATON FL 33429-1871		P.O. BOX 1871 BOCA RATON FL 33429-1871	
2. Principal Place of Business	2a. Mailing Address	21	26
State, Apt. #, etc.	State, Apt. #, etc.	22	27
City & State	City & State	23	28
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLACKWELL, GEOFFREY M.
57 SW 15TH COURT
BOCA RATON FL 33486**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0135 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 Sections 607.0135 Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Agent in Charge)

(Signature of Registered Agent or Agent in Charge)

ATTEST

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)	
1. TITLE	P	1. TITLE	☐ Change ☐ Addition
2. NAME	BLACKWELL, GEOFFREY	2. NAME	
3. STREET ADDRESS	57 SW 15TH STREET	3. STREET ADDRESS	
4. CITY & STATE	BOCA RATON FL	4. CITY & STATE	
5. TITLE		5. TITLE	☐ Change ☐ Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY & STATE		8. CITY & STATE	
9. TITLE		9. TITLE	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. TITLE		13. TITLE	☐ Change ☐ Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY & STATE		16. CITY & STATE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or stockholder of the corporation or the registered agent or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with this addition.

SIGNATURE:

Geoffrey Blackwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95