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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J49808 1. Corporation Name

CONBRO DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address						1 1001111 411) BIDIB 19191 11	(\$) 00 \$ 0) 10\$1 Q1411 0	INIE BIDII DIDIE	. 8)8) 8 8 186)
7783 BAYBERRY ROAD 7783 BAYBERRY ROAD									
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256						DO NOT WRITE IN THIS SPACE			
us us						3. Date Incorporated or Qualifed			
					- 1	12/22/1986			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
8186 Baymeadows Llay W 26 BIBG Baymeadows				1411	1	59-2753168		N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					1	5. Certifcate of Status Desire	d 🗆		Additional
27						5. Certificate of Status Desire	<u> </u>	Fee R	tequired
City & State	e	City & State				6. Election Campaign Financ	ing 🗆		May Be
23		28				Trust Fund Contribution			to Fees
Zìp	Country	Zip	Country □	′		8. This corporation owes the	current year Int		□No
4	25	29 30	<u>) </u>			Personal Property Tax. 10. Name and Address of N	w Pagistarad	Yes	LINO
	9. Name and Address of Currer	it Registered Agent	81	Name		IV. Name and Address of N	w Kegistered	Agent	
CPA	VSON IANIS K								
GRAYSON, JANIS K. 7755 BAYMEADOWS WAY WEST				Street Address (P.O. Box Number is Not Acceptable) 8186 Baymeadows (Lay W					
	KSONVILLE FL 32256		83		61304	megaows was			
اعام	NOOTTFIELE TE GEESG		"						
			84	City			FL	85 Zip	Code
	to the provisions of Sections 607.050	22 and 607 1509 Florida Statutos	the abou	ro named	Leornora	tion submits this statement for		changing it	s registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was auth	onzed by	the corp	oration's	board of directors. I hereby a	ccept the appoi	ntment as r	egistered
-	III familiai with, and accept the obliga	RIONS OF DECISOR GOV. 5000, FROME	a Giatoto.						
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: Re	gistered Age	nt signature i	required wh	en reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	PST		1 1 TITLE					Change	☐ Addition
NAME	GRAYSON, JANIS K.		1.2 NAME				445 44	1	
STREET ADDRESS	7783 BAYBERRY ROAD		1.3 STREE	TADDRESS	8180	, Baymeadows	uay a	Jest	
CITY-ST-ZIP	JACKSONVILLE FL 32256		1.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	2,1 TITLE					Change	☐ Addition
NAME			2.2 NAME						•
STREET ADDRESS			2.3 STREE	T ADDRESS					
CITY-ST-ZIP			2.4 CITY-	ST-ZIP	<u> </u>				
TITLE	☐ DELETE 3.1 T		3.1 TITLE					Change	Addition
NAME		;	3.2 NAME						
STREET ADDRESS		1	3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					FT A ALIE
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADDRESS					
CITY-ST-ZIP			4.4 CITY-3	ST-ZIP	1		·	=1.0	
TITLE		☐ OELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			1	TADDRESS	1				
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP	1				
TITLE		☐ DELETE	6.1 TITLE					[] Change	e
NAME			62 NAME		1				

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90008 020 ***450.00

CR2E034 (11/98)