SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUA	AL REPORT 996	Secretary of DIVISION OF COR			
DOCUM 1. Corporation I	IENT # K1331	5 (2)			
CONDO	R CUTTING, INCORPORA	ATED			
Principal Place	of Business	Mailing Address			DÍÁID BIBU BIBU GÍAN BION BEON 1001
% MICHAEL CONKLIN 208 ELLIOT AVENUE SARASOTA FL 34232		% MICHAEL CONKLIN 208 ELLIOT AVENUE SARASOTA FL 34232		3. Date Incorporated or Qualified 01/29/1988	3a. Date of Last Report 04/18/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
21		26		65-0034417	\$8.75 Additional
Suite, Apt. #	, etc	Suite, Apt #, etc		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	28	Country	This corporation has liability for in	
Zip 24	25	29 30		Florida Statutes	Yes No
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent
CO	NKLIN, MICHAEL		1 1		
208 ELLIOT AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
SAF	rasota fl 34232		83		
!			84 City		85 Zip Code
1					FL
11. Pursuant to office or readent it are	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob-	0502 and 607.1508, Florida Statutes, ate of Florida. Such change was auth oligations of, Section 607.0505, Florid	the above-named corp iorized by the corporat la Statutes	poration submits this statement for the purion's board of directors. Thereby accept	the appointment as registered
OLONIATI IDE			iconstered Agent signature requ		EATF
	Signario: Speciforpone to per etropeter	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
12.	PV	DELETE	1 1 TITLE		Change Addition
NAME	CONKLIN, MICHAEL		1.2 NAME		ì
STREET ADDRESS	208 ELLIOT AVENUE		13 STREET ADDRESS		
CITY-S1-ZIP	SARASOTA FL		14 CHY-ST ZIP		Change Addition
TITLE		DELETE	2.1 TITLE		C. Overland C. C. Control
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS 2 4 CITY - ST - ZIP		
CITY - ST - ZIP		DELETE	31 TITLE		Change Addition
TIFLE			3.2 NAME		
NAME STREET ADORESS			3 3 SEREET ADDRESS		
CITY-ST-ZiP			3.4. CITY - ST - ZIP		- Addison
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	4.4 City - St - ZiP 5.1 Title		Change Addition
TITLE		L. DECETE	5 2 NAME		- -
NAME			5 3 STREET ADDRESS		
STREET ADDRESS			54 CITY ST-ZIP		
CITY - ST - ZIP TITLE		DELETE	6 1 TITLE		Change Addition
NAME			62 NAMÉ		
STREET ADDRESS			63 STREET ADORESS		

64 CITY · S1 - ZIP

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

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 1 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 proporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if princed, or given an attachment with an address.