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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

L19277

(7)

CONRAD ENTERPRISES, INC.

Mailing Address



Principal Place of Business	Walling / ladious			
***THOMAS C. LITTLE 2123 NE COACHMAN RD. STE A CLEARWATER FL 34625		% THOMAS C. LITTLE 2123 NE COACHMAN RD. STE A CLEARWATER FL 34625		
CLEARWATER PL 34023	OLLAWATER TE STOLE			3a. Date of Last Report 05/16/1995
2. Principal Place of Business	2a. Mailing Address	24.	4. FEI Number	Applied For
21 1022 22 DBAVE.	N. 26 7022 22	HUE. P.	59-2980712	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Staty 23 ST. PETERSBORK FI	City P State	IRL FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 2 2 1 1 0 Country	ACH TAAAA	COUDY SILA	8. This corporation has liability for in	ntangible tax under s 199.032,
24 30/10 25 7/000		30 1 1102221	10. Name and Address of New R	
9. Name and Address of Cu	rrent Registered Agent	81 Name		4.0
		FR	ANKLIN , MICHI	9RD
FRANKLIN, RICHARD		82 Street Ac	ldress (P.O. Box Old Ser is Not Acceptab	
11100 66TH STREET, NORTH SUITE	39	102	A AVE.	
LARGO FL 34643		83		
		84 City_		85 Zip Code
		51.6	PETERSBURG	FL 337/0
11. Pursuant to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes		the state of the s	pose of changing its registered office
 Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of I familiar with, and accept the obligations of, 9 	Fianga. Such change was authorizet	d by the corporation's b	oard of directors. I hereby accept the appo	Sintinett as registereo agent. Fam
familia. Mitri, asio accept this obligations of, c	Section 507.0005, Fiorida Ciacolos			4/23/96
SIGNATURE Signature typed or printed name of registered	agent and little if applicable (NOT)	E Registered Agent signature req	uired when reinstating)	DATE
	AND DIRECTORS	13.	, ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
THUE DV	DELETE	1. 1 TITLE	DV . I D	Change Addition
EDANIZINI DICHADO O	_	12 NAME	ERANKLIN, RICHARD	
	#12	1.3 STREET ADDRESS	WARDLEY HU	E. P.
LADOO FI	#10	1.4 CITY-SI-ZIP	ST. PETERSBURG ,	FL 28/210
	[] DELETE		DPS A.	Change Addition
TITLE DPS	Deter	2 1 1111.0	HADDAD: PHILLIP JOSA WISPERIN	ડ ૄ ં ં ં
MAME HADDAD, PHILLIP S.		2.2 NAME	TO 30 WISDEDIN	& DR.N.
STREET NO. 11100 66TH STREET NO.	ORTH, SUITE 39		3000	464/
CITY-ST-ZIP 3 LARGO FL		24 CITY-ST-ZIP	LARGO, FL 3	Change Addition
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NAME		3.2 NAME		
OZOECZ ADROZOC				
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY - ST - ZIP		Chart Class
	☐ DELETE			☐ Change ☐ Addition
CITY-ST-ZIP	☐ DELETE	3.4 CITY - ST - ZIP		☐ Chan;je ☐ Addition
CITY-ST-ZIP TILE	☐ DELETE	3.4 CHTY-ST-ZIP 4. 1 TITLE		☐ Chan;je ☐ Addition
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CITY-ST-ZIP TILE NAME	☐ DELETE	3.4 CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
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I do hereby certify that the information supplied with this filing is voluntarily turnished and does not quality for the exemption stated in Section 118.07(3)(K), Florida Statutes. I full 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 Ellock 13 if changed, or on an attachment with an address.

SIGNATURE: