

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # L20215

(4)

1. Corporation Name

CONKEA MARKETING GROUP INC

Principal Place of Business

**% FRANK BERGAU
4343 N.E. 104TH ST.
MIAMI SHORES FL 33138**

Mailing Address

**% FRANK BERGAU
1343 N.E. 104TH ST.
MIAMI SHORES FL 33138**



2. Principal Place of Business

2a. Mailing Address

21 **160 ISLAND GROVE DR**
State, Apt. #, etc.

26 **160 ISLAND GROVE DR.**
State, Apt. #, etc.

22 City & State
MERRITT ISLAND, FL

27 City & State
MERRITT ISLAND, FL

23 Zip
32952

28 Country
FLORIDA

24 **BERGARD**

29 **32952**

30 **BERGARD**

9. Name and Address of Current Registered Agent

**BERGAU, FRANK
1343 N.E. 104TH ST.
MIAMI FL 33138**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
160 ISLAND GROVE DR.

83

84 City

MERRITT ISLAND

FL

85 Zip Code
32952

11. Pursuant to the provisions of Sections 607.0402 and 607.0403, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0405, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	D	☐ DELETE
2. NAME	BERGAU, FRANK	
3. STREET ADDRESS	160 ISLAND GROVE DR.	
4. CITY, ST, ZIP	MERRITT ISLAND FL	
5. TITLE		☐ DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE: **X**

Frank C Bergau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 407 453-1419
DATE AND TELEPHONE NUMBER

CR2E034 (12/95)