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Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L20215** **(4)**

1. Corporation Name

CONKEA MARKETING GROUP INC

Principal Place of Business	Mailing Address
~~160 ISLAND GROVE DR~~ ~~1343 N.E. 104TH ST.~~ ~~MERRITT ISLAND FL 32852~~ ~~US~~	~~160 ISLAND GROVE DR~~ ~~1343 N.E. 104TH ST.~~ ~~MERRITT ISLAND FL 32852-0226~~ ~~US~~

3. Date Incorporated or Qualified	3a. Date of Last Report
10/02/1989	**04/15/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	3103 NINA CT.	26	3103 NINA CT.	**65-0145581**	Applied For / Not Applicable

Suite, Apt # etc.	Suite, Apt #, etc.
22	27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State	City & State
23	MERRITT ISLAND, FL	28	MERRITT ISLAND, FL

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip	Country	Zip	Country
24	32953	25	US	29	32953	30	US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BERGAU, FRANK ~~160 ISLAND GROVE DR~~ ~~MERRITT ISLAND FL 32952~~	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable) 3103 NINA CT
	83
	84 City MERRITT ISLAND FL 85 Zip Code 32953

11. Pursuant to the provisions of Sections 607.0502 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, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	BERGAU, FRANK		1.2 NAME	
STREET ADDRESS	~~160 ISLAND GROVE DR.~~		1.3 STREET ADDRESS	3103 NINA CT.
CITY-ST-ZIP	~~MERRITT ISLAND FL~~		1.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: X _____ 4/13/97 407-453-1619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #