

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 30 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # L73803 (3)
 1. Corporation Name
 CONDOOR MARINE INC.



Principal Place of Business Mailing Address
 % GEORGE KREMER % GEORGE KREMER
 960 17TH AVENUE SOUTH 960 17TH AVENUE SOUTH
 NAPLES FL 34102 NAPLES FL 34102
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Susan B. Dunn 26 4095 S.E. Bay Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22
 23 Stuart, FL 28 Stuart FL
 City & State City & State
 24 34997 25 U.S.A. 29 34997 30 U.S.A.
 Zip Country Zip Country

3. Date Incorporated or Qualified
 05/16/1990
 4. FEI Number Applied For
 65-0204306 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 KREMER, GEORGE
 960 17TH AVENUE SOUTH
 NAPLES FL 34102

10. Name and Address of New Registered Agent
 81 Name Dunn Susan
 82 Street Address (P.O. Box Number is Not Acceptable)
 4095 S.E. Bay Ave
 83
 84 City Stuart FL 85 Zip Code 34997

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 Statute.
 SIGNATURE Susan B. Dunn DATE 7-8-98
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DUNN, SUSAN B.	
STREET ADDRESS	4095 SE BAY AVENUE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DUNN, STEVEN G.	
STREET ADDRESS	4095 SE BAY AVENUE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BAILEY, MARGRET S.	
STREET ADDRESS	2809 ESTEY AVENUE	
CITY-ST-ZIP	NAPLES FL 34962	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	200002603812
5.3 STREET ADDRESS	-07/31/98--01040--007
5.4 CITY-ST-ZIP	***150.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Susan B. Dunn DATE 7-8-98 541-288-0412

CR2E034 (5/98)

**CONDOOR MARINE INC.
STEVEN G. DUNN & SUSAN B. DUNN**

②

4095 S.E. BAY AVE.
STUART, FL. 34997

Phone 561-288-0412
Fax 561-288-7352
Email IRISH@INETW.NET

July 23, 1998

DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
P.O. BOX 6327
TALLAHASSEE FL 32314

To Whom It May Concern,

I have just finished a conversation with a woman named Cathy @ 3:24 p.m. in regards to our 1998 Annual Report from the State of Fla office # 850-488-9000.

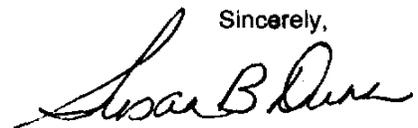
First item discussed was the mailing address being used is invalid. The first notice sent was never received by my corporation the second notice sent was forwarded to CONDOOR MARINE INC by the previous owners widow. Please make a note of this and send any further correspondence to CONDOOR MARINE INC, 4095 S.E. Bay Ave. Stuart, Fl. 34997.

Second item discussed is a typographical error on our F.E.I.# you have the # 65-0204306 & my records show # 65-0204302.

Cathy informed me that because of improper address being used & the fact that I never received first notice, a check for \$ 150.00 and this letter would be sufficient.

I will make the necessary changes on my return form, in hopes that future annual reports will be mailed accordingly.. please contact me at any of the above Ph # if you have further questions.

Sincerely,



SUSAN. B. DUNN

S.B.D

Enc.: 1
Account ID: 65-0204306