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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Candra H. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000037563 (2)
1. Corporation Name
CONTI CORPORATION

Principal Place of Business Mailing Address

10701 S. OCEAN DR.
U-8
JENSEN BCH. FL 34957
US

10701 S. OCEAN DR.
U-8
JENSEN BCH. FL 34957
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/21/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0418743** Applied For 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **4336 N.E. Ocean Blvd** 26 **4336 N.E. Ocean Blvd**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Suite 122** 27 **Suite 122**

City & State City & State

23 **Jensen Beach** 28 **Jensen Beach**

Zip City Zip City

24 **34957** 25 **MARTIN** 29 **34957** 30 **Martin**

9. Name and Address of Current Registered Agent

MANDLE, BARBARA M
9960 S. OCEAN DRIVE, #1804
NO. 508
JENSEN BCH. FL 34957

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDLE, BARBARA M	1.2 NAME	Barbara M. Mandle
STREET ADDRESS	10701 S. OCEAN DR., U-8	1.3 STREET ADDRESS	4336 N.E. Ocean Blvd Suite 122
CITY - ST - ZIP	JENSEN BCH. FL	1.4 CITY - ST - ZIP	Jensen Beach, FL 34957
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALES, JOSE	2.2 NAME	Jose Sales
STREET ADDRESS	10701 S. OCEAN DR., U-8	2.3 STREET ADDRESS	4336 N.E. Ocean Blvd. Suite 122
CITY - ST - ZIP	JENSEN BCH. FL	2.4 CITY - ST - ZIP	Jensen Beach, FL 34957
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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: Barbara M Mandle 4/24/95 407-229-8662
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Telephone (Area #)