

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000044432 (1)

1. Corporation Name

CONBIL, INC.



Principal Place of Business

SEMET, LICKSTEIN, MORGENSTERN, BERGER, ETAL
201 ALHAMBRA CIRCLE, SUITE 1200
CORAL GABLES FL 33134

Mailing Address

SEMET, LICKSTEIN, MORGENSTERN, BERGER, ETAL
201 ALHAMBRA CIRCLE, SUITE 1200
CORAL GABLES FL 33134

2. Principal Place of Business

21 1329 Dewey Street
Suite, Apt. #, etc.

2a. Mailing Address

26 1329 Dewey Street
Suite, Apt. #, etc.

22 City & State
23 Hollywood, FL
Zip Country
24 33019 USA

27 City & State
28 Hollywood, FL
Zip Country
29 33019 USA

3. Date Incorporated or Qualified
06/16/1993

3a. Date of Last Report
05/10/1995

4. FEI Number
65-0420821

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

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

9. Name and Address of Current Registered Agent

SEMET, LICKSTEIN, MORGENSTERN, BERGER, FRIEND,
BROOKLE & GORDON, P.A.
201 ALHAMBRA CIRCLE, SUITE 1200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Constance B. Johnson
82 Street Address (P.O. Box Number is Not Acceptable)
1329 Dewey Street
83
84 City Hollywood FL 85 Zip Code 33019

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 Constance B. Johnson

Signature, typed or printed name of registered agent and title if applicable.

Constance B. Johnson

(NOTE: Registered Agent signature required when instituting)

4-23-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME JOHNSON, CONNIE
STREET ADDRESS 1329 DEWEY STREET
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE D ☐ DELETE
NAME BRANHAM, WILLIAM K
STREET ADDRESS C/O 1329 DEWEY STREET
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 119.07(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:

Connie Johnson

Connie Johnson

4-23-96 (954) 925-8621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)