FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000044432 (1)

CONBIL, INC.

Frincipal Place of Business Mailing Address

1329 DEWEY ST.
201 ALHAMBRA CIRCLE. SUITE 1200 HOLLYWOOD FL 33019-2205

HOLLYWOOD FL 33019

US

FILED May 02 1997 8:00am Secretary of State



HOLLYWOOD F	L 33019	US	,				
US					3, Date Incorporated or Qualified 06/16/1993	3a. Date of Last F 04/29/1996	leport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	oplied For
21 32	1 DWWST.	26	·		65-0420821		ot Applicable
Suite, Apt. #, etc Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired		Additional equired
City & State	° \ CI	City & State			6. Election Campaign Financing		Мау Ве
23 10	<u>ywod rc</u>	28	6		Trust Fund Contribution		to Fees
== ^Z ip ユ ス√	Country Country	Zip	Country	,	8. This corporation has liability for I	intangible tax under s ☐ Yes	s. 199.032,
<u>ر د ا24</u>	9, Name and Address of Curre		30		10. Name and Address of New Re		
CEN	ET, LICKSTEIN, MORGENSTERN,		81	Name			
	IOKLE & GORDON,P.A.	DENOEN;I MEND;		,			
	ALHAMBRA CIRCLE, SUITE 120	no.	82	Street Ad	dress (P.O. Box Number is Not Acceptab	ole)	
CORAL GABLES FL 33134							
	VIE GADELO I E GOTOT		84	City		85 Zip	Code
		,		' '		FL	
11. Pursuant office or r agent. La	to the provisions of Sections 607.05 registered agent, or both, in the Stat in familiar with, and accept the oblig	02 and 607.1508, Florida Statute e of Florida Such change was a gations of, Section 607.0505, Flo	es, the above authorized b orida Statute	e-named co y the corpor s.	rporation submits this statement for the pation's board of directors. I hereby accept	ot the appointment as	registered
SIGNATURE	Stor ature, typod or printed name of registered as	nent and title if apolicable. (NOTE	: Repistered Ac	ent algnature reg	urred when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTO	RS IN 12
DILE	D	DELETE	1.1 TITLE			Change	Addition
NAME:	JOHNSON, CONNIE		1.2 NAME				
STREET ADDRESS	1329 DEWEY STREET		1.3 STREE	T ADORESS			
CHTY - ST - ZVP	HOLLYWOOD FL 33019		1.4 CITY-	ST-ZIP		$(x_{ij}, x_{ij}) = (x_{ij}, x_{ij}) = (x_{ij}, x_{ij})$	
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	Branham, William K		2.2 NAME				
STREET ADDRESS	C/O 1329 DEWEY STREET		2.3 STREE	T ADDRESS			
CHY-S1-ZIP	HOLLYWOOD FL 33019		2. 4 CITY-	ST-ZIP		1 . 1	
TITLE		DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
C+TY+S1+ZiP			3.4. CITY	ST-ZIP			
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAMI	:			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST ZIP			4.4 CITY-	ST-ZIP			
THE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	1			
STREET ADDRESS			5.3 STREE	T ADDRESS			
City-S1-ZiP			5.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME	İ		6.2 NAME				
STREET ADDRESS	1		63 STREE	T ADDRESS			
CITY-ST-ZIP			64 DITY-				•
0111-01-20		and the state of t	E. for the av		ted in Continu 110 07/2)/i) Florida Statute	as 1 further certify the	t the

4. 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NATION SANING OFFICER OR DIRECTOR

4/24/97 (954)925-862