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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

Apr 15 1996 8:00 am  
Secretary of State

DOCUMENT # P94000032375 (5)

1. Corporation Name

CON-FORM DEVELOPMENT CORP.

Principal Place of Business

P.O. BOX 970085  
BOCA RATON FL 33497-0085

Mailing Address

P.O. BOX 970085  
BOCA RATON FL 33497-0085



\*

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

THOM, MARIA V  
7807 NW 40TH COURT  
CORAL SPRINGS FL 33065

81 Name

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

83

84 City

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent Signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

| 12.             | 13.                 |
|-----------------|---------------------|
| TITLE           | 1.1 TITLE           |
| NAME            | 1.2 NAME            |
| STREET ADDRESS  | 1.3 STREET ADDRESS  |
| CITY - ST - ZIP | 1.4 CITY - ST - ZIP |
| TITLE           | 2.1 TITLE           |
| NAME            | 2.2 NAME            |
| STREET ADDRESS  | 2.3 STREET ADDRESS  |
| CITY - ST - ZIP | 2.4 CITY - ST - ZIP |
| TITLE           | 3.1 TITLE           |
| NAME            | 3.2 NAME            |
| STREET ADDRESS  | 3.3 STREET ADDRESS  |
| CITY - ST - ZIP | 3.4 CITY - ST - ZIP |
| TITLE           | 4.1 TITLE           |
| NAME            | 4.2 NAME            |
| STREET ADDRESS  | 4.3 STREET ADDRESS  |
| CITY - ST - ZIP | 4.4 CITY - ST - ZIP |
| TITLE           | 5.1 TITLE           |
| NAME            | 5.2 NAME            |
| STREET ADDRESS  | 5.3 STREET ADDRESS  |
| CITY - ST - ZIP | 5.4 CITY - ST - ZIP |
| TITLE           | 6.1 TITLE           |
| NAME            | 6.2 NAME            |
| STREET ADDRESS  | 6.3 STREET ADDRESS  |
| CITY - ST - ZIP | 6.4 CITY - ST - ZIP |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

P.O. BOX 772741  
CORAL SPRINGS, FL 33077

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

MARIA V. THOM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria V. Thom

4/09/96 (954) 344 9200

CR2E034 (12/95)