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PROFIT - CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000032375

1. Corporation Name

CON-FORM DEVELOPMENT CORP.

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Principal Place	of Ruciness	Mailing Address				(ONE BOUN ORIEN	I BIK a Bi kaa ildii ii	(VI) Bill IVVI	
'		4732 SW 32ND AVE								
		FT. LAUDERDALE FL 33312								
US US		US			<u> </u>	DO NOT WRITE IN THIS SPACE				
					3. Date Incorpo 04/28/199		i		}	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number			App	died For	
21		26			65-04855	18	_	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75 A	dditional	
22		27			5. Certificate of	Status Desired		Fee Rec	quired	
City & State	3	City & State			6. Election Cam	paign Financing		\$5.00		
23		28			Trust Fund C	ontribution		. Added to	Fees	
Zip	Country	Zip	Country	,	8. This corporat	tion owes the cu	rrent year int		_	
24	25	29 3	30		Personal Pro				□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and A	ddress of New	Registered	Agent		
			81	Name	THOM, MAR	ZIA V.			· · · · · · · · · · · · · · · · · · ·	
	M, MARIA V		82	Street Ac	ddress (P.O. Box Numl	ber is Not Accep	table)			
	NW 40TH COURT			47	37 SW 37	ND AUE				
COR	AL SPRINGS FL 33065		83							
t t			84	City				85 Zip C	Code Code	
				F	ORT LAUDE		FL	. 33	312	
1					ta au-bit thia	-4-4 t for the	e purpose of	changing its	registered*	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above	e-named co	orporation submits this	statement for the	ont the ennei	ntmont on roa	ictored	
l office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State	of Florida. Such change was aut	inorizea by	the corpora	ation's board of directo	rs. I hereby acce	ept the appoi	ntment as reg	gistered	
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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 trusted 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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP