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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000061767 (7)

1. Corporation Name
THE CONDOR GROUP INTERNATIONAL, INC.

Principal Place of Business
4950 POINTE CIRCLE
OLDSMAR FL 34677

Mailing Address
4950 POINTE CIRCLE
OLDSMAR FL 34677-5225



3. Date Incorporated or Qualified 08/22/1994
3a. Date of Last Report 04/29/1996

2. Principal Place of Business
21 14501 McCormick Dr.
Suite, Apt. #, etc.
22 City & State Tampa FL 33626
Zip 33624 Country USA
23 34695
24 34695
25 USA
26 101 MAIN STREET
Suite, Apt. #, etc.
27 SUITE B
City & State SAFETY HARBOR, FL
Zip 34695 Country FL

4. FEI Number 59-3259911
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

9. Name and Address of Current Registered Agent
WELDON, RICHARD
101 MAIN STREET
SUITE A
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent
81 Name WARD A. WILSON, SR.
82 Street Address (P.O. Box Number is Not Acceptable) 101 MAIN ST., SUITE B
83
84 City SAFETY HARBOR FL 85 Zip Code 34695

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] (NOTE: Registered Agent signature required when reinstating) DATE 4-2-97

12. OFFICERS AND DIRECTORS
TITLE PSD
NAME WILSON, WARD A SR
STREET ADDRESS 4950 POINTE CIRCLE
CITY-ST-ZIP OLDSMAR FL 34677
TITLE VTD
NAME BUSH, ROBERT A
STREET ADDRESS 3323 COBBS COURT
CITY-ST-ZIP PALM HARBOR FL 34684
TITLE DIRECTOR
NAME ANDREW B. CASSIDY
STREET ADDRESS 101 MAIN
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE DIRECTOR
3.2 NAME ANDREW B. CASSIDY
3.3 STREET ADDRESS 101 MAIN ST., STE. B
3.4 CITY-ST-ZIP SAFETY HARBOR, FL 34695
4.1 TITLE DIRECTOR
4.2 NAME ROBERT M. WELDON
4.3 STREET ADDRESS 101 MAIN ST., STE. B
4.4 CITY-ST-ZIP SAFETY HARBOR, FL 34695
5.1 TITLE DIRECTOR
5.2 NAME KHANH T. LOWERY
5.3 STREET ADDRESS 101 MAIN ST., STE. B
5.4 CITY-ST-ZIP SAFETY HARBOR, FL 34695
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE: [Signature] DATE 4-2-97 813.7819018

CR2E034 (9/96)