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FILED
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 34877-5225

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.
26 101 MAIN STREET

4. FEI Number: 59-3259911
Applied For: Not Applicable

22 Suite, Apt. #, etc.: SUITE B

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 City & State: TAMPA FL 33626
28 SAFETY HARBOR, FL

6. Election Campaign Financing: \$5.00 May Be Added to Fees

24 Zip: 33624
25 Country: USA
29 Zip: 34695
30 Country: FL

6. 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	<input type="checkbox"/> DELETE
NAME	WILSON, WARD A SR	
STREET ADDRESS	4950 POINTE CIRCLE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	BUSH, ROBERT A	
STREET ADDRESS	3323 COBBS COURT	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	ANDREW B. CASSIDY	
STREET ADDRESS	101 MAIN	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIRECTOR ANDREW B. CASSIDY
3.3 STREET ADDRESS	101 MAIN ST., STE. B
3.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIRECTOR ROBERT M. WELDON
4.3 STREET ADDRESS	101 MAIN ST., STE. B
4.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DIRECTOR KENNETH T. LOWERY
5.3 STREET ADDRESS	101 MAIN ST., STE. B
5.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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)