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Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90081 001 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000061767**

1. Corporation Name  
**THE CONDOR GROUP INTERNATIONAL, INC.**



Principal Place of Business <b>14501 MCCORMICK DR TAMPA FL 33626 US</b>	Mailing Address <b>101 MAIN STREET SUITE B SAFETY HARBOR FL 34695 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified <b>08/22/1994</b>
21 Suite, Apt. #, etc.	26	27	4. FEI Number <b>59-3259911</b>
22 City & State	27	28	Applied For <input type="checkbox"/> Not Applicable
23 Zip Country	29	30	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	25	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
	25	29	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WILSON, WARD A JR  
101 MAIN STREET  
SUITE B  
SAFETY HARBOR FL 34695**

10. Name and Address of New Registered Agent

81 Name **WILSON, WARD A, SR.**

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

83

84 City **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 *Ward A Wilson* DATE **1/22/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, WARD A SR</b>	1.2 NAME	
STREET ADDRESS	<b>4950 POINTE CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OLDSMAR FL 34677</b>	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSH, ROBERT A</b>	2.2 NAME	
STREET ADDRESS	<b>3323 COBBS COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASSIDY, ANDREW B</b>	3.2 NAME	
STREET ADDRESS	<b>101 MAIN STREET STE B</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELDON, ROBERT M</b>	4.2 NAME	
STREET ADDRESS	<b>101 MAIN STREET STE B</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOWERY, KHANH T</b>	5.2 NAME	
STREET ADDRESS	<b>101 MAIN STREET STE B</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: *Ward A Wilson* DATE **1/22/99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)