

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

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

0498752

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

**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>
------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/22/1994</b>	4. FEI Number <b>59-3259911</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

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 <b>WILSON, WARD A, SR.</b>	85 Zip Code <b>FL</b>
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**1/22/99**

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	<b>WILSON, WARD A SR</b>	
STREET ADDRESS	<b>4950 POINTE CIRCLE</b>	
CITY-ST-ZIP	<b>OLDSMAR FL 34677</b>	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	<b>BUSH, ROBERT A</b>	
STREET ADDRESS	<b>3323 COBBS COURT</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>CASSIDY, ANDREW B</b>	
STREET ADDRESS	<b>101 MAIN STREET STE B</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>WELDON, ROBERT M</b>	
STREET ADDRESS	<b>101 MAIN STREET STE B</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>LOWERY, KHANH T</b>	
STREET ADDRESS	<b>101 MAIN STREET STE B</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
**1/22/99**

Daytime Phone #

CR2E034 (1/98)