SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
96 SEP 16 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000042397 (6)**

1. Corporation Name
KONRAD CORPORATION

Principal Place of Business	Mailing Address
1223 S.E. 47TH TERRACE. #2 CAPE CORAL FL 33904	1223 S.E. 47TH TERRACE. #2 CAPE CORAL FL 33904

REINSTATEMENT 96 ar

3. Date Incorporated or Qualified: 05/25/1995
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt #, etc — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26: c/o Hill & Company
Suite, Apt #, etc — 27: 1318 Lafayette St.
City & State — 28: Cape Coral
Zip — 29: 33904 Country — 30: FL.

4. FEI Number: 65-0598567 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PILZ, NORBERT
1223 S.E. 47TH TERRACE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name: Thomas W. Hill
82 Street Address (P.O. Box Number is Not Acceptable): 1318 Lafayette St.
83:
84 City: Cape Coral FL 85 Zip Code: 33904

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: ✓ Thomas W Hill — DATE: 9-11-96
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	D	☐ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	WOEST, KONRAD		1.2 NAME	HILL, THOMAS W.	
STREET ADDRESS	15037 TAMARIND CAY LANE, UNIT #1501		1.3 STREET ADDRESS	1318 LAFAYETTE ST.	
CITY-ST-ZIP	FORT MYERS FL 33905		1.4 CITY-ST-ZIP	CAPE CORAL, FL. 33904	
TITLE	D	☐ DELETE	2.1 TITLE	000001 95E340	☐ Change ☐ Addition
NAME	WOEST, KONRAD		2.2 NAME	-10/03/96--01016--001	
STREET ADDRESS	1223 S.E. 47TH TERRACE, #2		2.3 STREET ADDRESS	****175.00 ****175.00	
CITY-ST-ZIP	CAPE CORAL FL 33904		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	000001 95E340	☐ Change ☐ Addition
NAME			4.2 NAME	-10/03/96--01016--002	
STREET ADDRESS			4.3 STREET ADDRESS	****225.00 ****225.00	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ Thomas W Hill — 9-11-96 — (941) 549-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0109964 CP