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**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #
1. Corporation Name P95000076175 (5)

CONDOR COMMERCIAL SERVICES, INC.

## FILED May 04 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 6915 RED ROAD 1020 PLACETAS AVENUE SUITE 200 CORAL GABLES FL 33146 DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33146** 3. Date Incorporated or Qualified 09/29/1995 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 1020 PLACETAS AVE , Suite, Apt. #, etc. 65-0612665 21 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing COPALGABI Added to Fees 23 28 Trust Fund Contribution Ziρ Country This corporation owes or has paid the current year Intangible 30 ☐ Yes 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LANDY, LISA A 200 SOUTH BISCAYNE BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable **MIAMI FL 33131** S.E. 31d Stree-83 84 Zip Code 3313 City MiAmi 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 Liorida. 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, typed or printed name of registered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE LANDY, MICHAEL S NAME 1.2 NAME **1020 PLACETAS AVENUE** STREET ACCRESS 1.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 1 & CITY-ST-ZIP Change DELETE 2.1 TITLE Addition LANDY, REGINA W 2.2 NAME NAME 1020 PLACTAS AVENUE STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-2(P Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

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.

111-0/01

305.665.0803