

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000086161 (3)

1. Corporation Name

CONDORODIS, INC.

Principal Place of Business

3470 PINEWALK DR. NORTH
APT. 224
MARGATE FL 33063

Mailing Address

3470 PINEWALK DR. NORTH
APT. 224
MARGATE FL 33063



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

29

Country

30

9. Name and Address of Current Registered Agent

**CONDORODIS, GEORGE
3470 PINEWALK DR. NORTH
APT. 224
MARGATE FL 33063**

81 Name

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

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

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	PRESIDENT + DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS		1. NAME	GEORGE Condorodis	
CITY-ST-ZIP		1. STREET ADDRESS	3470 PINEWALK DR. N. # 224	
TITLE	NAME	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		2. NAME	MARGATE, FL 33063	
CITY-ST-ZIP		2. STREET ADDRESS		
TITLE	NAME	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		3. NAME		
CITY-ST-ZIP		3. STREET ADDRESS		
TITLE	NAME	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		4. NAME		
CITY-ST-ZIP		4. STREET ADDRESS		
TITLE	NAME	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5. NAME		
CITY-ST-ZIP		5. STREET ADDRESS		
TITLE	NAME	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6. NAME	-08/13/96--01149-032	
CITY-ST-ZIP		6. STREET ADDRESS	***225.00	

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 emporised 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: George Condorodis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (954) 755-7486
Date Daytime Phone #

CR2E034 (12/95)