

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

FILED

**Apr 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P96000032380 (3)

1. Corporation Name
CONWAY AND COMPANY, INC.



Principal Place of Business 46 NORTH WASHINGTON BLVD. #1 SARASOTA FL 34236	Mailing Address 46 NORTH WASHINGTON BLVD. #1 SARASOTA FL 34236-5977
--	---

3. Date Incorporated or Qualified 04/08/1996	3a. Date of Last Report N/A
4. FEI Number 65-0663670	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1256 5th STREET Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 SARASOTA FL	27 City & State 28
24 Zip 34236 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent ROTEN, REX A 46 NORTH WASHINGTON BLVD. #1 SARASOTA FL 34236	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
---	--

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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 800002140838	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROTEN, REX A		1.2 NAME	
STREET ADDRESS 46 NORTH WASHINGTON BLVD. #1		1.3 STREET ADDRESS -04/11/97--01094--028	
CITY-ST-ZIP SARASOTA FL 34236		1.4 CITY-ST-ZIP ***165.00	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE C,D,P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME CONWAY, JACK T.	
STREET ADDRESS		2.3 STREET ADDRESS 1256 5TH STREET	
CITY-ST-ZIP		2.4 CITY-ST-ZIP SARASOTA FL 34236	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE D,S,T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME CONWAY, CYNTHIA L.	
STREET ADDRESS		3.3 STREET ADDRESS 1256 5TH STREET	
CITY-ST-ZIP		3.4 CITY-ST-ZIP SARASOTA FL 34236	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME CONWAY, LuVerne A.	
STREET ADDRESS		4.3 STREET ADDRESS 1256 5TH STREET	
CITY-ST-ZIP		4.4 CITY-ST-ZIP SARASOTA FL 34236	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME SHAPIN, JAN	
STREET ADDRESS		5.3 STREET ADDRESS 1256 5TH STREET	
CITY-ST-ZIP		5.4 CITY-ST-ZIP SARASOTA FL 34236	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME CONWAY, THOMAS B.	
STREET ADDRESS		6.3 STREET ADDRESS 1256 5TH STREET	
CITY-ST-ZIP		6.4 CITY-ST-ZIP SARASOTA FL 34236	

14. I do 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.

SIGNATURE: Cynthia L. Conway (941) 365-7971
CYNTHIA L. CONWAY, Secretary/Treasurer
 Date _____ Daytime Phone # 0426884

CR2E034 (9/96)