

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

FILED

Mar 04 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 # P96000049864 (7)

1. Corporation Name

CONATUS SECUNDUS HOLDINGS, INC.

Principal Place of Business

1510 NORTH LAKE WAY
PALM BEACH FL 33480

Mailing Address

1510 NORTH LAKE WAY
PALM BEACH FL 33480-3033



3. Date Incorporated or Qualified

06/11/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0673010

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

TOMASELLI, JOHN
1500 CORDOVA ROAD STE 202
FT LAUDERDALE FL 33316-2190

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMASELLI, JOHN	1.2 NAME	STEBBINS, JAMES F.
STREET ADDRESS	1500 CORDOVA ROAD STE 202	1.3 STREET ADDRESS	1792 ROUTE 106
CITY-ST-ZIP	FT LAUDERDALE FL 33316	1.4 CITY-ST-ZIP	MUTTONTOWN NY 11791
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	BRENNAN, LAWRENCE B
STREET ADDRESS		2.3 STREET ADDRESS	176 CURISTOL STREET
CITY-ST-ZIP		2.4 CITY-ST-ZIP	METUCHEN NJ 08840
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	STEBBINS, CYNTHIA
STREET ADDRESS		3.3 STREET ADDRESS	1792 ROUTE 106
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MUTTONTOWN NY 11792
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	AVTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	BERNADETTE, SHEEHAN
STREET ADDRESS		4.3 STREET ADDRESS	58 GREENLAWN AVENUE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SEACLIFF NY 11579
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James F. Stebbins

2/17/96

516 921
5028

CR2E034 (9/96)