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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000053213 (9)

CONLEY FINANCIAL ADVISORY SERVICES, INC.

Principal Place of Business Mailing Address 1135 PASADENA AVE., S., STE. 145 1135 PASADENA AVE., S., STE. 145 S. PASADENA FL 33707 S. PASADENA FL 33707 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/16/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 0950 Central Ave Not Applicable Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution П Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent **B**1 CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 **B3** 

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) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 117006 CONLEY, WILLIAM M NAME 1.2 NAME 1135 PASADENA AVE., S., STE. 145 STREET ADDRESS 13 STREET ADDRESS S. PASADENA FL 33707 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 21 11TLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 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-S1-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition TITLE 513006 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-7IP CITY-ST-ZIP TITLE ■ DELETE 61 THLE Change Addition NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. Thereby 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 13 is chapted on the corporate place through the production of the corporate place through the production.

SIGNATURE: Wille An Carl

WILLIAM N. CONLEY 3-31.98 (813)347-881

CR2E034 (10/97)

FILED

Apr 03 1998 8:00am

Secretary of State