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

FILED PROFIT Jan 21 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000093502 (7) CONECA, INC. Principal Place of Business Mailing Address 8550 NW \$3RD CT. 8550 NW 53RD CT. CORAL SPRINGS FL 33367 CORAL SPRINGS FL 33367 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/30/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 10100 W.SampleRd. 65-0791472 10T00 W. Sample Rd Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional M 5. Certificate of Status Desired Suite309 Fee Required 22 Suite 309 City & State City & State \$5.00 May Be 6. Election Campaign Financing CoralSprings Coral Spr Trust Fund Contribution Added to Fees ngs, Country 8. This corporation owes or has paid the current year Intangible 25 USA 29 33365 USA Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY David Dunleavy 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable)
10100 W. Sample Rd. 82 TALLAHASSEE FL 32301-2525 83 <u>Suite 309</u> Zip Code 33365 Coral Springs 11. Pursuant to the provisions of Se office or registered scient, or be agent. I am familiar with and fin SIGNATURE OFFICERS AND DIRECTOR 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN DELETE __ Change TITLE 1.1 TITLE P/T DUNLEAVY, DAVID NAME 1.2 NAME 8550 NW 53RD CT. 1.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33367** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE C/CEO Change ☐ Addition TITLE WOOD, RANDALL L NAME 2.2 NAME 11110 NW 26TH DR. STREET ADDRESS 2.3 STREET ADDRESS CORAL SPRINGS FL 33365 CITY-ST-ZIP 2. 4 CiTY-ST-ZIP DELETE Addition Addition TITLE 3.1 TITLE WOOD, DEBORAH M 3.2 NAME NAME 11110 NW 26TH DR. STREET ADDRESS 3.3 STREET ADDRESS CORAL SPRINGS FL 33365 CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 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)(f), 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, and an altachment with an address.

SIGNATURE:

Randall L.Wood