


FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90173 047 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000072392 1. Corporation Name CONPIL INC.			
Principal Place of Business 4251 GROVEWOOD LANE TITUSVILLE FL 32780		Mailing Address 4251 GROVEWOOD LANE TITUSVILLE FL 32780	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 <input type="text"/>		2a. Mailing Address 26 <input type="text"/>	
Suite, Apt. #, etc. 22 <input type="text"/>		Suite, Apt. #, etc. 27 <input type="text"/>	
City & State 23 <input type="text"/>		City & State 28 <input type="text"/>	
Zip 24 <input type="text"/>		Zip 25 <input type="text"/>	
Country 25 <input type="text"/>		Country 29 <input type="text"/>	
9. Name and Address of Current Registered Agent GUTIERREZ, ALFONSO P 4251 GROVEWOOD LANE TITUSVILLE FL 32780		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 <input type="text"/> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME President STREET ADDRESS Alfonso P. Gutierrez CITY-ST-ZIP 4251 Grovewood Lane Titusville FL 32780		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Alfonso P. Gutierrez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/99

Daytime Phone #

CR2E034 (11/98)