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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000091054

1. Corporation Name
CONERY ENTERPRISES, INC.



Principal Place of Business
**2100 MCGREGOR BLVD.
 FT. MYERS FL 33901**

Mailing Address
**2100 MCGREGOR BLVD.
 FT. MYERS FL 33901**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3450 Metro Parkway Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. Box 548 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 10/26/1998	
23 Fort Myers, FL City & State Zip 24 33902		28 Fort Myers, FL City & State Zip 29 33916		4. FEI Number 65-0439981 Applied For <input type="checkbox"/> Not Applicable	
Country 25 Lee		Country 30 Lee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Fort Myers, FL		28 Fort Myers, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CONERY, AMOS 3450 METRO PARKWAY FORT MYERS FL 33916				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83					
84 City					

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/S/D
NAME	GRIFFITH, ALLAN T	1.2 NAME	Amos Conery
STREET ADDRESS	2100 MCGREGOR BLVD.	1.3 STREET ADDRESS	3450 Metro Parkway
CITY-ST-ZIP	FT. MYERS FL 33901	1.4 CITY-ST-ZIP	Fort Myers, FL 33916
TITLE		2.1 TITLE	T
NAME		2.2 NAME	Beverly Conery
STREET ADDRESS		2.3 STREET ADDRESS	3450 Metro Parkway
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Fort Myers, FL 33916
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ Date: 4/14/99 Daytime Phone # _____

CR2E034 (11/98)