

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S86344 (6)

1. Corporation Name
CONRAD'S CAFE, INC.



Principal Place of Business 3506 FIRST ST. BRADENTON FL 34208	Mailing Address 240 N. WASHINGTON BLVD., #315 SARASOTA FL 34236
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/10/1991	3a. Date of Last Report 06/28/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0296534	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FORAN, DAVID S CPA 240 N. WASHINGTON BLVD., #315 SARASOTA FL 34236	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. State 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 the applicable date.	
12. OFFICERS AND DIRECTORS			
TITLE	NAME	<input type="checkbox"/> DELETE	
NAME	D CONRAD, DANIEL JOSEPH		
STREET ADDRESS	326 PEARL AVE		
CITY - ST - ZIP	SARASOTA FL		
TITLE	NAME	<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	NAME	<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	NAME	<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	NAME	<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	NAME	<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11. TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. NAME			
13. STREET ADDRESS			
14. CITY - ST - ZIP			
21. TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. NAME			
23. STREET ADDRESS			
24. CITY - ST - ZIP			
31. TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
32. NAME			
33. STREET ADDRESS			
34. CITY - ST - ZIP			
41. TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
42. NAME			
43. STREET ADDRESS			
44. CITY - ST - ZIP			
51. TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
52. NAME			
53. STREET ADDRESS			
54. CITY - ST - ZIP			
61. TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
62. NAME			
63. STREET ADDRESS			
64. CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, 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

CR2E034 (3/96)