

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V02027** (3)
1. Corporation Name
CONQUEST PRODUCTIONS, INC.

Principal Place of Business
CONQUEST

Mailing Address
**CONQUEST
BOX 674
PALM HARBOR FL 34682**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/20/1991	Applied For <input type="checkbox"/>
4. FEI Number NOT APPLICABLE	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2450 SUNSET POINT ROAD Suite, Apt. #, etc. 22 SUITE A City & State 23 CLEARWATER, FLORIDA Zip 24 33765	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent

**REICHEL, CATHERINE
1721 GEORGIA AVE
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE	DC	<input type="checkbox"/> DELETE
NAME	REICHEL, RICHARD R.	
STREET ADDRESS	1721 GEORGIA AVE.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	REICHEL, CATHERINE T.	
STREET ADDRESS	1721 GEORGIA AVE.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REICHEL, RAULTON R.	
STREET ADDRESS	1721 GEORGIA AVE.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REICHEL, ROUCHEL R	
STREET ADDRESS	1721 GEORGIA AVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KARAVATOS, WILLIAM	
STREET ADDRESS	1722 HICKORY GATE DRIVE NORTH	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	D
1.2 NAME	STEVE LEE SWIFT
1.3 STREET ADDRESS	106 20TH STREET
1.4 CITY-ST-ZIP	BELLE AIR BEACH, FL.
2.1 TITLE	DP
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DS
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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.

SIGNATURE: *Richard R. Reichel* RICHARD R. REICHEL 4/10/98 813-789-1891

CR2E034 (10/97)