

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030151 (1)

1. Corporation Name

DESKTOP CONNECTIONS, INC.



Principal Place of Business

**6318 13TH ST. NORTH
ST. PETERSBURG FL 33702**

Mailing Address

**6318 13TH ST. NORTH
ST. PETERSBURG FL 33702**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/12/1995

3a. Date of Last Report

4. FLEI Number

59-3309721

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**WOLFE, RANDOLPH J
201 N. FRANKLIN ST.
SUITE 2100
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature and typed name of current registered agent (if applicable) DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

**D OFFICER, KATHERINE L
6318 13TH ST. NORTH
ST. PETERSBURG FL 33702**

TITLE DELETE

**D OFFICER, RICHARD D
6318 13TH ST. NORTH
ST. PETERSBURG FL 33702**

TITLE DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE Change Addition

12 NAME
13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE Change Addition

22 NAME
23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE Change Addition

32 NAME
33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE Change Addition

42 NAME
43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE Change Addition

52 NAME
53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE Change 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 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 D. Officer* **RICHARD D. OFFICER 3-14-96 (813) 528-0967**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Print Name

CR2E034 (12/95)