

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

182

98 NOV -9 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 99500009008
1. Corporation Name
Corporate Connection Lines, Inc.

Principal Place of Business Mailing Address
15970 west state Road 84th
suite # 184 Ft. lauderdale, FL 33326

200002686812--3
-11/13/98--01033--014
****150.00 ****150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0625276	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	Yes No

3. Date Incorporated or Qualified	81 Name
12/95	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Saad A. Mahmoud 1100 N.E. 91 ter Miami shores, FL 33138	

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 607.0503, Florida Statutes.

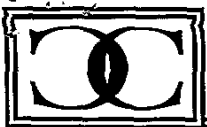
SIGNATURE Saad A. Mahmoud President 10/22/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE 1.1 TITLE	Change Addition
NAME 1.2 NAME	
STREET ADDRESS 1.3 STREET ADDRESS	
CITY-ST-ZIP 1.4 CITY-ST-ZIP	
TITLE 2.1 TITLE	Change Addition
NAME 2.2 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2.4 CITY-ST-ZIP	
TITLE 3.1 TITLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4 CITY-ST-ZIP	
TITLE 4.1 TITLE	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE 5.1 TITLE	Change Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE 6.1 TITLE	Change Addition
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.

SIGNATURE: Saad A. Mahmoud 10/22/98 1-954-389-4499
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/98)



*Corporate Connection
Sovereign Coach & Tours*

2082

OCTOBER 22, 1998
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE FL 33314

DEAR SIR OR MADAM:

PLEASE ACCEPT OUR APPOLIGYS FOR LATE FILING.

WE HAVE NOT RECIVED FIRST OR SECOND NOTICE REGARDING OUR FILING.

INCLOSED YOU WILL FIND A CHECK FOR THE AMOUNT OF ONE HUNRDE & FIFTY

IF YOU HAVE ANY QUSTION PLEASE CALL ME AT 800-474-6089

BEST REGARDS,

SAAD A. MAHMOUD