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

PROFIT CORPORATION ANNUAL REPORT



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

1996

	1000	i i a			
1. Corporation	MENT # 21847 E CONNECTION, INC.	7 (8)			
OFFIC	E COMMECTION, INC.			F 1881(8 (188) 1188) 16(1) A(8) (4)	III 1801 Birlin Albin Birlin Afric Birlin Antol (Ba)
Principal Place of Business Mailing Address					iri sans genet dinit Ribit Bibit Sibit Midit 1681
5301 NW 9TH AVENUE		5301 NW 9TH AVENUE			
ft lauder[DALE FL 33309	FT LAUDERDALE FL 3	3309		
				3. Date Incorporated or Qualified	
				01/02/1959	04/28/1995
· · · · · ·	2. Principal Place of Business 2a			4. FEI Number	Applied For
21		Suite, Apt. #, etc.	·	59-0857387	Not Applicable
<u> </u>		hn	27		\$8.75 Additional Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Bo
23		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Z _i p	Country	8. This corporation has liability for	•
24	[25] 9. Name and Address of Curre	29	30		s No
·	s, maine and Address of Curre	in nagistaran Agent	81 Name	10. Name and Address of New	negistered Agent
MAIN	ARNOLD V				0.5
MALM, ARNOLD V. 5301 NW 9 AVE			82 Street	Address (P.O. Box Number is Not Accepta	ble)
FT LAUDERDALE FL 33309			83	TYPE I TYPE PAR VARIE II. MANAGemba shikka ya A a a a a a a a a a a a a a a a a a	
			84 City		85 Zip Code
			"		FL '
11. Pursuant t	to the provisions of Sections 607,050 ed agent, or both, in the State of Flor	2 and 607,1508, Florida Statute	es, the above-named co	orporation submits this statement for the pubeard of directors. Thereby accept the app	rpose of changing its registered office
familiar wit	th, and accept the obligations of, Sec	tion 607,0505, Florida Statutes	·	board of officiologs. Thereby accept the app	outrinent as registered agent. Fam
SIGNATURE:	Signature, typod or princed name of registered age:	ut and trail ambath	TE: Registerce Agent signature r		DATE
12.		ND DIRECTORS	13.	······································	FICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1. 1 TITLE		Change Addition
NAME	NIPE, STEPHEN L		1.2 NAME		
STREET ADDRESS	826 HARRISON ST		1.3 STREET ADDRESS		i
CITY - ST - ZIP	HOLLYWOOD FL	Pro process	1.4 CITY - ST - ZIP		
TITLE	DV DIOUADD DIOUADD C	DEFELE	2 1 THE		Change Maddition
NAME COREL ADDOCCO	STODDARD, RICHARD E		2.2 NAME		
STREET ADDRESS	1101 SW 74TH TERRACE PLANTATION FL		2.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	DP DP	DELETE	2.4 CITY- ST - ZIF' 3. 1 TITLE	<u> </u>	Change Addition
NAME	MALM,ARNOLD V		3.2 NAME		FT STORES FT LANGUAGE
STREET ADDRESS	1235 JASMINE CIRCLE		3.3 STREET ADDRESS		
CITY - ST - 7IF	FORT LAUDERDALE FL		3.4 CITY- 51- ZIP		
TITLE	DT	☐ DELETE	4. 1 TITLE		Change Addition
NAME	THOMPSON, RICHARD B		4.2 NAME		
STREET ADDRESS	364 NE 6TH ST		4.3 STREET ADDRESS		
CITY-SI-7P	BOCA RATON FL	F" AEI CIC	4.4 CHY-ST-7/P		Change
TITLE	SD Spellberg, victor M	☐ DETEJE	5 1 1174 E		Change Addition
NAME STREET ADDRESS	1741 NW 97 TERR		5.2 NAME 5.3 STREET ADDRESS		
CITY - ST ZIP	PLANTATION FL		54 CITY-SY-ZIP		
THE	D	DELETE	6 1 TITLE		Change Addition
NAME	MAHAFFEY, DANIEL J.		6 2 NAME		y pposes
STREET ADDRESS	9633 SOUTHERN PINES CT.		6.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		6.4 CITY - ST - ZIP		

14. Ido 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), Fiorida 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 cath; 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 13 if changed, or up an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PAINTED NAME OF STORMED GERICER OR DIRECTOR

R2F034 (12/95)