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PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # G03652

(6)

Mailing Address

DOWN EAST CONNECTION, INC.

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9004 SW 152N MIAMI FL 3315		% TAL T LEONARD 9004 SW 152ND STREE MIAMI FL 33157-1928	т				
					 Date Incorporated or Qualified 10/08/1982 	3a. Date of Last F 05/01/1996	leport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-2222158	N	ot Applicable
Suite, Apt.	#, etc	Suite, Apt #, etc.			5. Certificate of Status Desired	1 1 '	Additional lequired
City & Stat 23	e	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Ζφ. 24	Country 25	Ζφ 29	Count	ry	This corporation has liability for in Florida Statutes	ntangible tax under s Yes \(\square\) No	3. 199.032,
<u></u>	g. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	sistered Agent	
LEO	NARD, TAL T		e	11 Name			
900	4 SW 152ND STREET MI FL 33157		8	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
MIN	MI FL 33137		8	3		······································	
			8	14 City		FL 85 Zip	Code
11. Pursuant office or ragent Ta	to the provisions of Sections 607.05 registered agent, or both, in the Stat in familiar with, and accept the obl-	502 and 607.1508, Florida Sta te of Florida, Such change wa gations of, Section 607.0505,	tutes, the abo is authorized Florida Statut	ove-named cor by the corpora tes.	poration submits this statement for the patient's board of directors. I hereby acception	urpose of changing in the appointment as	ts registered registered
SIGNATURE	Signature, type: Lor people direction of regions: 4 a	7. A. C.	ICYTE October 2	·	Jred when reinstating)	DATE	
12.		ND DIRECTORS	13.	igent signature requ	ADDITIONS/CHANGES TO OFFIC		RS IN 12
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Information indicated on this among reproductive and that the information indicated on the among reproductive as it made under oath; that the information indicated on this among reproduct as if made under oath; that I am an officer or director of the constation or fine 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 14 or Block 15 or Block

SIGNATURE

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97

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