FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **J13299** **(9)**

1. Corporation Name
CONSUMER CONNECTION, INC.

FILED
95 MAY 01 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
23197 L'ERMITAGE CIR BOCA RATON FL 33433	23197 L'ERMITAGE CIR BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/06/1986	06/02/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number	Applied For / Not Applicable
59-2681757	

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	10. Name and Address of New Registered Agent
WIERDA, DIANNE R. 23197 L'ERMITAGE CIRCLE BOCA RATON FL 33433	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 Section(s) 607.1602 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	1 TITLE	☐ Change ☐ Addition
NAME	WIERDA, DIANNE R.	2 NAME	
STREET ADDRESS	23197 L'ERMITAGE CIRCLE	3 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	4 CITY ST ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	WIERDA, DIANNE R.	22 NAME	
STREET ADDRESS	23197 L'ERMITAGE CIRCLE	23 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	24 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	
TITLE		81 TITLE	☐ Change ☐ Addition
NAME		82 NAME	
STREET ADDRESS		83 STREET ADDRESS	
CITY ST ZIP		84 CITY ST ZIP	
TITLE		101 TITLE	☐ Change ☐ Addition
NAME		102 NAME	
STREET ADDRESS		103 STREET ADDRESS	
CITY ST ZIP		104 CITY ST ZIP	
TITLE		121 TITLE	☐ Change ☐ Addition
NAME		122 NAME	
STREET ADDRESS		123 STREET ADDRESS	
CITY ST ZIP		124 CITY ST ZIP	

14. I/We 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)(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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with all blanks filled.

SIGNATURE: Dianne R. Wierda DIANNE R. WIERDA Apr. 27, 1995 407-394-0420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0261014 CP