FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

1. Corporation Name

CONSUMER CONNECTION, INC.

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

3. Date Incorporated or Qualified: **05/06/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2681757** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 P.O. BOX 8587
Suite, Apt. #, etc.
22 ~~DEERF~~
City & State
23 DEERFIELD FL
Zip 24 33442 Country 25 BROWARD

2a. Mailing Address
26 P.O. BOX 456
Suite, Apt. #, etc.
27
City & State
28 EDISON N.J.
Zip 29 08818-0456 Country 30 MIDDLESEX

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**

WIERDA, DIANNE R.
23197 L'ERMITAGE CIRCLE
BOCA RATON FL 33433

10. **Name and Address of New Registered Agent**
81 Name: KYLE WIERDA
82 Street Address (P.O. Box Number is Not Acceptable): 2550 N ALAFAYA TRL
83 #8200
84 City: ORLANDO **FL** 85 Zip Code: 32826

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 607.0505, Florida Statutes.

SIGNATURE: Kyle Wierda — 6-24-96
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	PVS	☐ DELETE
NAME	WIERDA, DIANNE R.	
STREET ADDRESS	23197 L'ERMITAGE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	☐ DELETE
NAME	WIERDA, DIANNE R.	
STREET ADDRESS	23197 L'ERMITAGE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	2606 FOREST HAVEN BLVD	
1.4 CITY-ST-ZIP	EDISON NJ 08817	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	2606 FOREST HAVEN BLVD	
2.4 CITY-ST-ZIP	EDISON NJ 08817	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: Dianne R. Wierda — 6/20/96 — 908 603 0225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)