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PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #

1998



J99849

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

(8)

## FILED May 15 1998 8:00am Secretary of State

URBAN	I CONNECTION, INC.						
Principal Pla	ce of Business	Mailing Addr	Mailing Address				is dibit Bidit Bibit Bibit 1881; 1881
3823 TUDOR	СТ		3823 TUDOR CT 222 TAMPA FL 33614 US				
222	0044					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
TAMPA FL 3: US	3014						
		• •				10/28/1987	
2. Principal l	Place of Business	2a. Mailing A	ddress			4. FEI Number	Applied For
21		26	- • · · · · · · · · · · · · · · · · · ·			59-2877579	Not Applicable
Suite, Apt	: #, etc	Suite, Apt	Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional
City & Sta	····	27} City & Sta					Fee Required
23	TE .	1	ii E!			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	<b>28</b> ]	Т	Country		8. This corporation owes or has paid the Qu	
24	25	29	30	1		Personal Property Tax due June 30.	Yes No
	g, Name and Address of Cu			'		10. Name and Address of New Registered	Agent
CF	RAWFORD, OLIVER			81	Name		
3823 TUDOR CT, #222				82	32 Street Address (P.O. Box Number is Not Acceptable)		
TA		Ĺ_		,			
				83	]		
				84	City		85 Zip Code
		.,			1 '	FI	_
11. Pursuan office or agent I	t to the provisions of Sections 607 registered agent, or both, in the 5 am familiar with, and accept the r	.0502 and 607.1508, Fl State of Flonda. Such of obligations of Section 6	lorida Statutes, hange was autl 807.0505 Florid	the abov lorized by a Statute	e-named cor y the corpora s.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNĄTURE	ing the state of t					urud whon reinstiting) DATE	
12.	Styrature (specific presented name of require a	e faquidani Elloc (faquicable). S AND DIRECTORS	(NOTE FG	13.	ent signature reia	arred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	P		DELFTE	1 1 TOTLE	I	Apprilation of the state of the	☐ Change ☐ Addition
NAME *	CRAWFORD, OLIVER			1.2 NAME			
STREET ADDRESS				13 STREET	ADDRESS		
CITY-ST-ZIP	TAMPA FL			14 CHY-5	S1-ZIP		
THILE			DELETE 21				Change Addition
NAME				22 NAME			
STREET ADDRESS				23 STREE	ADDRESS		
CITY - ST - ZIP			2 4 CHY-	ST-ZIP			
TITLE	☐ OFFITE 3:			3 1 1)TLE	1		Change Addition
NAME		<b>.</b> •		3.2 NAME			
STREET ADDRESS		•			ADDRESS		
CITY - ST ZIP	<del></del>	·····	l per ext	34 CITY-	ST-ZIP		Change   Addition
TITLE		L.	DEFFE	4 1 TIILE			Change Addition
NAME				4 2 NAME			
STREET ADDRESS					ADDRESS		
CHY CT 7:0	1			A A CITY . 9	2T. 7ID 1	(.4	

14. Thereby 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 of Block 13 of changed or on an another my han another.

5 1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

5.4 CITY- \$1-2IP

63 STREET ADDRESS 64 CITY-ST-ZIP

DELITE

DELETE

SIGNATURE & Dewl be

NAME CITY

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

4/25/98

32E034 (10/97)

Change

Change

Addition

Addition