


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K61001 (9)
1. Corporation Name
CONTRACT CONNECTION, INC.

Principal Place of Business 1791 NORTHWEST 108TH AVENUE PEMBROKE PINES FL 33026	Mailing Address 1791 NORTHWEST 108TH AVENUE PEMBROKE PINES FL 33026
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2851 Polk Street Suite, Apt. #, etc. 22 City & State 23 HOLLYWOOD, FL Zip 24 33020 Country 25	2a. Mailing Address 26 P. O. Box 8254 Suite, Apt. #, etc. 27 City & State 28 Pembroke Pines, FL Zip 29 33084 Country 30	3. Date Incorporated or Qualified 01/26/1989 3a. Date of Last Report 01/25/1996 4. FEI Number 65-0108496 Applied For Not Applicable 5. Certificate of Status Desired X \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. X Yes No
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9. Name and Address of Current Registered Agent KROHN, I, MICHAEL, III 1791 NORTHWEST 108TH AVENUE PEMBROKE PINES FL 33026	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS TITLE P NAME KROHN, I MICHAEL III STREET ADDRESS 1791 N.W. 108TH AVENUE CITY-ST-ZIP PEMBROKE PINES FL TITLE T NAME KROHN, GLENDA G. STREET ADDRESS 1791 N.W. 108TH AVENUE CITY-ST-ZIP PEMBROKE PINES FL TITLE VP NAME KROHN, TODD B. STREET ADDRESS 285 OCEAN FOREST DR N CITY-ST-ZIP ATLANTIC BEACH FL TITLE S NAME KROHN, MARLEE B. STREET ADDRESS 285 OCEAN FOREST DR N CITY-ST-ZIP ATLANTIC BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE C 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33026 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP PEMBROKE PINES, FL 33026 3.1 TITLE P 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ATLANTIC BEACH, FL 32211 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ATLANTIC BEACH, FL 32211 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
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14. I do hereby 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 or Block 13 if changed, or on an attachment with an addressee.

SIGNATURE: _____ SIGNATURE REQUIRED 7/18/97

CR2E034 (4/97)