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FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90063 005 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K61001

1. Corporation Name  
CONTRACT CONNECTION, INC.



Principal Place of Business

2851 POLK ST  
HOLLYWOOD FL 33020  
US

Mailing Address

PO BOX 8254  
PEMBROKE PINES FL 33084  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1989

4. FEI Number

65-0108496

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

KROHN, I. MICHAEL, III  
1791 NORTHWEST 108TH AVENUE  
PEMBROKE PINES FL 33026

Change of Address

10. Name and Address of New Registered Agent

81 Name

KROHN, I. MICHAEL, III

82 Street Address (P.O. Box Number is Not Acceptable)

2851 POLK STREET

83

84 City

HOLLYWOOD

FL

85 Zip Code

33020

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

I. Michael Krohn III

1/5/99

Change

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

C  
NAME KROHN, I MICHAEL III  
STREET ADDRESS 1791 N.W. 108TH AVENUE  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE

T  
NAME KROHN, GLENEDA G.  
STREET ADDRESS 1791 N.W. 108TH AVENUE  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE

P  
NAME KROHN, TODD B.  
STREET ADDRESS 285 OCEAN FOREST DR N  
CITY-ST-ZIP ATLANTIC BCH FL

TITLE ☐ DELETE

S  
NAME KROHN, MARLEE B.  
STREET ADDRESS 285 OCEAN FOREST DR N  
CITY-ST-ZIP ATLANTIC BCH FL

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

1.4 CITY-ST-ZIP

9480 NW 40TH STREET  
CORAL SPRINGS, FL 33065

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

9480 NW 40TH STREET  
CORAL SPRINGS, FL 33065

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Zip: 32211

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

285 OCEAN FOREST DR. N.  
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

14. I 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/99

954-925-2800

CR2E034 (11/98)