

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 27 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 # L09651 (5)

1. Corporation Name

CONNECTIONS USA, Inc.

Principal Place of Business PO Box 030459 P.O. Box 030459 Fort Lauderdale FL 33303-0459	Mailing Address PO Box 030459 P.O. Box 030459 Fort Lauderdale FL 33303-0459
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3. Date Incorporated or Qualified 08/17/1989	3a. Date of Last Report 03/14/96
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0137247 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILCHMAN, HOWARD
7771 WEST OAKLAND PARK BLVD - STE 122
HOWARD J MILCHMAN, PA
FT LAUDERDALE, FL 33351-1105

81 Name Milchman, Howard J.	82 Street Address (P.O. Box Number is Not Acceptable) 9600 West Sample Road Ste 205	83	84 City Coral Springs	85 Zip Code 33065
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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, and familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Howard Milchman Registered Agent DATE 3/17/97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST LEVINSON, ARTHUR P PO BOX 030459 N/A FT LAUDERDALE, FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LEVINSON, ARTHUR P PO BOX 030459 N/A FT LAUDERDALE, FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DOUGHERTY, JOHN W PO BOX 030459 N/A FT LAUDERDALE, FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	PST/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address.

SIGNATURE:

SIGNATURE AND SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

as Res.
Arthur P. Levinson

3-20-97

Date

954-525-4141 x25

Daytime Phone #

CR2E034 (9/96)