SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FLORIDA CARIBBEAN CONNECTION, INC.

(5)

DOCUMENT #

1. Corporation Name

riled							
Aug 05 1998 8:00am							
Secretary of State							

CII CD



Principal Pla	ice of Business	Mailing Address			4 ingeletten bin fritt innes mitte fin	åt tint mint åfnis nigtt nint billis nigtt somt	
C/O HENRY TEPE C/O HENRY TEPE							
516 BROADW	· · · · · · · - ·	516 BROADWAY AVE.			DO NOT WRITE IN THIS SPACE		
LEHIGH ACRE	S FL 339936	LEHIGH ACRES FL 33936	LEHIGH ACRES FL 33936		3. Date Incorporated or Qualified		
2 Principal	Place of Business	2a. Mailing Address			04/20/1990 4. FEI Number	Applied For	
2. Principal Place of Business 2a. Mailing Ac) · 1	Aparess		Y	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					65-0201606	\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
 		28			Trust Fund Contribution	Added to Fees	
Zip			Coun	try			
24	25	29	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No		
	9. Name and Address of 0		L-3-1		10. Name and Address of New Registered Agent		
CA				Name			
CARNAHAN, THOMAS L 8211 COLLEGE PARKWAY			-:	82 Street Address (P.O. Box Number is Not Acceptable)			
			'	Street Add	t Address (P.O. Box Number is Not Acceptable)		
FORT MYERS FL 33919			1	33			
]	34 City		FL 85 Zip Code	
11. Pursua	nt to the provisions of sections 60	07.0502 and 607.1508, Florida Statute	s, the above	/e-named corp	oration submits this statement for the pu		
office o	r registered agent or both in the	State of Florida, Such change was a	authorized	by the corpora	tion's board of directors. I hereby accept	t 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 registo	red agent and tite if applicable (NO	OTE Registere	d Agent signature re	equired when reinstating)	DATE	
12.	12. OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
TITLE	DPT	DELETE 1.171		E [Change Addition	
NAME	1 113 ± 1		1.2 NAM	E] }	
STREET ADDRESS			1.3 STR	ET ADDRESS) j	
CITY-ST-ZIP_			1.4 CITY	-ST-ZIP			
TITLE			2.1 TITL	E		Change Addition	
NAME			2.2 NAM	E			
STREET ADDRESS			2.3 STREET ADDRESS			}	
CITY-ST-ZIP			2.4 CITY	-ST-ZIP		<u> </u>	
TITLE			3.1 TITL	E		Change Addition	
NAME			3.2 NAM	E			
STREET ADDRESS	s		3 3 STR	ET ADDRESS			
CITY-ST-ZIP	3.4		3.4 CITY	-ST-ZIP			
TITLE	DELETE 4.1 TI		4.1 TITL	E	***	Change Addition	
NAME	-		4.2 NAM	E			
STREET ADDRESS	s		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		DELETE	5.1 TITL	E		Change Addition	
NAME			5.2 NAM	ε]			
STREET ADDRESS	s		5.3 STR	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY			\	
TITLE	 	DELETE	6.1 TITL			Change Addition	
NAME		المراد ال	6.2 NAM	E			
STREET ADDRESS	<u>, </u>		1	ET ADDRESS		ì	
			6.4 CITY			\ -	
OH POPER	1		E 1				

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.

11 1 Cain 19 10 no 7/28/98