

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
95 AUG -7 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **L96411 (8)**

1. Corporation Name  
**EXECUTIVE CONNECTIONS, INC.**

Principal Place of Business Mailing Address  
**3467 W HILLSBORO BLVD #4 DEERFIELD BCH FL 33442**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 **1239 E Newport Ctr Dr** 28 **1239 E Newport Ctr Dr**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 105** 27 **Suite 105**  
City & State City & State  
23 **Deerfield Bch FL** 20 **Deerfield Bch, FL**  
Zip Country Zip Country  
24 **33442** 25 **Broward** 29 **33442** 30 **Broward**

3. Date Incorporated or Qualified **08/29/1990** 3a. Date of Last Report **05/09/1994**  
4. FEI Number **65-0217945** 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  
6. This corporation has liability for intangible tax under s. 193.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**GLATTER, ERIC S.  
100 N.E. 3RD AVENUE, #850  
FT. LAUDERDALE FL 33301**

10. Name and Address of Now Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>THOMAS, PAUL E.</b>
STREET ADDRESS	<b>7525 NW 61ST TERR #101</b>
CITY - ST - ZIP	<b>PARKLAND FL</b>
TITLE	<b>DV</b>
NAME	<b>QUINLAN, MICHAEL F.</b>
STREET ADDRESS	<b>65 DEER CREEK RD, H210</b>
CITY - ST - ZIP	<b>DEERFIELD BCH FL</b>
TITLE	<b>DS</b>
NAME	<b>THOMAS, PAUL E.</b>
STREET ADDRESS	<b>7525 NW 61ST TERR. #101</b>
CITY - ST - ZIP	<b>PARKLAND FL 33067</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS CHANGE S TO OFFICERS AND DIRECTORS (If N)

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: **Michael F. Quinlan** *Michael F. Quinlan* **7/31/95** **905-570-7909**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)

CR2E034 (3-95)