## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

| DOCUI                  | MENT # MO418  | 92 (4)  |                  |   |   |  |   |   |
|------------------------|---|---|------------------|---|---|--|---|---|
|                        | ULAR CONNECTION, INC.   |   |                  |   |   |  |   |   |
| Principal Place        | e of Business   | Malling Address   |                  |   |   | H                                      | A   |   |
| ,                      | 167TH ST. A-17  | 6043 N.W. 167TH SI<br>MIAMI FL 33015  | T. A-17          |   |   |  |   |   |
|                        |   |   |                  |   | 3. Date incorporated or Qualified 08/20/1984  | 3a. Date of La<br>05/12                | st Report<br>2/1995                       |   |
|                        | ace of Business   | 2a. Mailing Address   |                  |   | 4. FEt Number 59-2549986  |  | Applied For                               |   |
| Suite, Apt.            | #. etc.   | 26   Suite, Apt. #, etc.  |                  |   |   | l                                      | Not Applicable  3.75 Additional           |   |
| 22                     |   | 27  |                  |   | 5. Certificate of Status Desired  | 1 1                                    | Fee Required                              |   |
| Orty & State           | 9   | City & State  |                  |   | Election Campaign Financing     Trust Fund Contribution                                 |  | 5.00 May Be<br>Added to Fees              |   |
| Zip                    | Country   | Zip   | Cour             | ntry  | 8. This corporation has liability for i   |  | iers 199.032,                             |   |
| 24                     | 4 25 29 29 9. Name and Address of Current Registered Agent  |   |                  | 0 Fiorida Statutes Yes No  10. Name and Address of New Registered Agent |   |  |   |   |
| <del> </del>           | g, manifestation of Carron  | · · · · · · · · · · · · · · · · · · ·   |                  | 81 Name   | Id. Italia ale Padrodo di Itali   | ogiototo Agoi.                         | <u>'</u>                                  |   |
| MARM                   | IN, PAMELA W  |   | }                | 82 Street Add   | ress (P.O. Box Number is Not Acceptab   | le)                                    |   |   |
|                        | W 167TH ST A-17   |   |                  |   | 1035 (1.15. 25.1 (1.11) 55. 15 (1.15) 15 (1.15)   |  |   |   |
| MAM                    | LAKES FL 33015  |   |                  | 83  |   |  |   |   |
|                        |   |   |                  | 84 City   |   | FL 85                                  | Zip Code                                  |   |
| or register            | to the provisions of Sections 607.0502<br>red agent, or both, in the State of Floric<br>th, and accept the obligations of Secti | da. Such change was authori   | zed by the c     | re-named corpo<br>orporation's boa                                      | ration submits this statement for the pur<br>ard of directors. I hereby accept the appx | pose of changing<br>pintment as regist | its registered office<br>ered agent. I am |   |
| SIGNATURE .            | Signature, typed of printed name of registered agent.   | and title if anningtie (N   | OTF: Bookland    | Agent signature require   | od whan rendelson   | DATE                                   |   | _ |
| 12.                    | OFFICERS AND  |   | 13.              | - Port Big Rado Bigdon  | ADDITIONS/CHANGES TO OFF  |  | CTORS IN 12                               | g |
| THILE                  | P DELETE  |   | 1. 1 Til         | 'LE   |   | ☐ Cha                                  | inge 🗌 Addition 🗧                         | 2 |
| NAME                   | MARMIN, PAMELA W.   |   | 1.2 NA           | ME  |   |  | 2   | 3 |
| STREET ADDRESS         | 6043 N.W. 167TH ST. A-17  |   |                  | REET ADDRESS  |   |  | נו  | Ü |
| CITY-ST-ZIP            | MIAMI FL  | ☐ DELETE  |                  | Y-ST-ZIP  |   | [7] Cha                                | inge 🗀 Addition                           | Š |
| TIFLE<br>NAME          | FRAWLEY, MICHAEL J  |   | 2 1 TO<br>2.2 NA |   |   | □ спа                                  | rige   Addition                           |   |
| STREET ADDRESS         | 6043 NW 167TH ST A-17   |   |                  | REET ADDRESS  |   |  |   |   |
| CITY-ST-ZIP            | MIAMI FL  |   |                  | Y-ST-ZIP  |   |  |   |   |
| TITLF                  | ST  | ☐ DELETE  | 3. 1 1/1         | LE  |   | ☐ Cha                                  | inge Addition                             |   |
| NAME                   | MARMIN, FRANK II  |   | 3.2 NA           | ME  |   |  |   |   |
| STREET ADDRESS         | 6043 NW 167TH ST A-17   |   | 3.3 \$1          | ree1 address  |   |  |   |   |
| City-St-ZiP            | MIAMI FL  | □ DELETE  |                  | Y-ST-ZIP  |   | C) Cho                                 | Addition                                  |   |
| TITLE                  |   | ☐ DELETE  | 4.1 111          |   |   | Cha                                    | inge 🔲 Addition                           |   |
| NAME<br>STREET ADDRESS |   |   | 4.2 NA           | REET ADDRESS  |   |  |   |   |
| CITY-ST-ZIP            |   |   |                  | Y-ST-ZIP  |   |  |   |   |
| TITLE                  |   | ☐ DELETE  | 5. 1 7(1         | <del></del>   |   | Cha                                    | inge 🗍 Addition                           |   |
| NAME                   |   |   | 5.2 NA           |   |   | -                                      |   |   |
| STREET ADDRESS         |   |   | 5.3 STF          | REET ADDRESS  |   |  |   |   |
| CITY-S1-ZIP            |   |   | 5.4 CIT          | Y-ST-ZIP  |   |  |   |   |
| TITLE                  |   | ☐ DELETE  | 6. 1 TIT         | LE  |   | Cha                                    | inge 🔲 Addition                           |   |
| NAME                   |   |   | 6.2 NA           | ME  |   |  |   |   |
| STREET ADDRESS         |   |   | 6.3 STF          | REET ADDRESS  |   |  |   |   |
| CiTY-ST-ZIP            | and Abot Abot About the   | and the first of the section of the |                  | Y-ST-ZIP  | for the exemption stated in Section 119.  | 07/0/(4 51-34 0                        | Volume 15.45                              |   |
| LA LOO DAYAD           | w ceraiy mai me iniormanoo subblied y   | word one minoris voluntarily tub  | OISDEO ADO C     | ii ies noi bilality i   | ior ine exemplical stated in Section 119.   | DOGSTRANDER PROPERTY S                 | Januares Lurgities                        |   |

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daysone Proce #

4/30/91 5566000.