PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLICATION FOR ON ISTATEMENT)	A DEPARTME Katherine H Secretary of VISION OF CORPO	State*			FILED
DOCUMENT # N9400001792					99 NOV 15 PM 1: 22		
1. Corporation Name CONNECTION ENTERPRISES INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 4277 TURTLE MOUND ROAD MELBOURNE FL 32894-8591		Mailing Address 4277 TURTLE MOUND ROAD MELBOURNE FL 32934-8591		<u></u>			
2 New Pr	addresses are incorrect in any way, line thro	3. New Mailir	ng Office Address, I			STATEMI rated or Qualified ess in Florida	O4/12/1994 SP
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		· · · · · · · · · · · · · · · · · · ·	5. FEI Number Applied For		Applied For
Zip Zip	Country	Zip	Coun	try	6.		\$8.75 A STATE OF SECTION PROCESS
7. Names and Street Addresses of Each Officer and/or Director (Flo					L	ERTIFICATE OF STATUS DESIRED	
Title(s)	Name of Officers and/or Directors	or Carector (Fixe	Street Address of Each			ty / State / Zip	
PTD	POTTER, A. JAMES	4277 TURTLE MOUND ROAD			MELBOURNE FL 32934		
VD	POTTER, NANCY L	4277 TURTLE MOUND ROAD			MELBOURNE FL 32934		
SD	POTTER, ETHEL L		4277 TURTLE MOUND ROAD			MELBOURNE FL 32934	
	•				B000030610283 - -12/06/9901014004 ****236.25 ****236.25 -		
	8. Name and Address of Current	Registered Age	ent	1	9. Name and A	ddress of New Regist	ered Agent
POTTER, A. JAMES					P.O. Box Number is Not Acceptable)		
4277 TURTLE MOUND ROAD				Street Address (P.O. Sox Number is Not Acceptable) Sufte, Apt. #, Etc.			
MELC	BOURNE FL 32934-8591		City State Zip Code			State Zip Code	
Signature Registered	d Agent RE	GISTERED AG	ENT MUST SIGN	URED		Date 10/1	2-99
this re	fy that I am an officer or director or the recei- instatement application, the reason for disso- by the corporation have been paid and the s application is true and accurate, and my si-	olution has been names of individ	eliminated, the cor luais listed on this f	porate name satisfies orm do not qualify for	the requirements an exemption und ir ceth.	of section 607.0401 or ler section 119.07(3)(I),	617.0401, F.S., that all fees F.S. The information indicated
SIGNA	SIGNATURE AND TYPED OR PRI	NTED NAME OF	MGNING OFFICER OF	R DIRECTOR	1-0-1	2-91 32 Date	<u>U - 259 -6/</u> 20 Deytime Phone #

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