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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000000550 (2)

1. Corporation Name

PASCO BUSINESS CONNECTIONS, INC.



Principal Place of Business

Mailing Address

% DONNA L. ZAHN
7825 LIGHTFOOT DRIVE
NEW PORT RICHEY FL 34653

% DONNA L. ZAHN
7825 LIGHTFOOT DRIVE
NEW PORT RICHEY FL 34653-4168

3. Date Incorporated or Qualified
02/03/1995

3a. Date of Last Report
07/08/1996

2. Principal Place of Business

2a. Mailing Address

21 2835 US 19

26 2835 US 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Holiday, FL

28 Holiday, FL

Zip

Country

Zip

Country

24 34691

25

29 34691

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RHODES, BETTY L
5708 HOMECREST RD.
NEW PORT RICHEY FL 34652

81 Name John A. Kriel
82 Street Address (P.O. Box Number is Not Acceptable)
2835 US 19

83

84 City Holiday FL 85 Zip Code 34691

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 1-8-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME HOLLINGSHEAD, MEGAN R
STREET ADDRESS PO BOX 7128 NA
CITY-ST-ZIP HUDSON FL 34872

1.1 TITLE PD
1.2 NAME John A. Kriel
1.3 STREET ADDRESS 2835 US 19
1.4 CITY-ST-ZIP Holiday, FL

TITLE D DELETE
NAME PIESCO, CARMINE M
STREET ADDRESS 1307 YALE DR.
CITY-ST-ZIP HOUDAY FL 34891

2.1 TITLE TD
2.2 NAME Karen King
2.3 STREET ADDRESS 5741 JURY LN
2.4 CITY-ST-ZIP Holiday, FL 34690

TITLE D DELETE
NAME RHODES, BETTY L
STREET ADDRESS 5708 HOMECREST RD.
CITY-ST-ZIP NEW PT. RICHEY FL 34652

3.1 TITLE D
3.2 NAME Ann Addino
3.3 STREET ADDRESS 4940 US 19
3.4 CITY-ST-ZIP New Port Richey, FL 34652

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John A. Kriel

1-8-97 (813) 934-0787

CR2E037 (9/96)