FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000000660 (8) DOCUMENT #

OCALA SINGLES CONNECTION, INC.

Principal Place of Business Mailing Address P.O. BOX 597 P.O. BOX 597 SILVER SPRINGS FL 34488 SILVER SPRINGS FL 34489-0597 3. Date Incorporated or Qualified 02/07/1996 3a. Date of Last Report 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Country Zιρ Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes XXNo 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 COLLINS, MIKE TONN, LARRY D Street Address (P.O. Box Number is Not Acceptable)
2615 Southeast 15th Street 82 14480 NORTH HIGHWAY 441 83 **CITRA FL 32113** 84 Zip Code 34471 Oca1a 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 time if applicable

(NOTE: Registered Agent signature required when reinstating)

OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) XXX DELETE 1-4 Change Addition TITLE PD 11 TITLE NAME TONN, LARRY D 1.2 NAME COLLINS, MIKE 14480 NORTH HIGHWAY 441 1.3 STREET ADDRESS STREET ADDRESS 2615 Southeast 15th Street **CITRA FL 32113** CITY - ST - ZIP 1.4 CITY - ST - ZIP Ocala, Florida 34471 **KX** DELETE 21 TITLE K.X. Change ___ Addition TITLE COLLINS, MIKE NAME 2.2 NAME LANDRUM CARLA 2615 SOUTHEAST 15TH STREET STREET ADDRESS 23 STREET ADDRESS PO Box 1714, Ocala, Florida 34478 **OCALA FL 34471** 2.4 CITY-ST-ZIP CITY - ST - ZIP KXOELETE K. Briange 3.1 TITLE TITLE HARRINGTON, DORCAS NAME 3.2 NAME TONN, LARRY D. P.O. BOX 505 N/A 3.3 STREET ADDRESS STREET ADDRESS 14480 North Highway 441, Citra Florida 32113 SPARR FL 32172 3.4. CITY - ST- 2IP CITY-ST-ZIP **X** DELETE 4.1 TITLE LANDRUM, CARLA 4. 2 NAME TAMPKIN, SANDRA LEE

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.

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADORESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADORESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

P.O. BOX 1714 N/A

OCALA FL 34478

DELETE

DELETE

Michael P. Collins 1/9/97

3815 Northwest 45th Street, Gainesville,

Florida 32606

Daytime Phone # 0066145

Change Addition

Addition

Change

FILED

Jan 22 1997 8:00am

Secretary of State