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Jun 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name

N97000005158

CONNECTIONS COUNT, INC.

Principal Place of Business

Mailing Address

2632 HOLLYWOOD BLVD.
SUITE 208
HOLLYWOOD, FLORIDA 33020

SAME

3. Date Incorporated or Qualified

SEPTEMBER 9, 1997

4. FEI Number

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 2450 HOLLYWOOD BLVD.

26 SAME

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 SUITE 100

27

City & State

City & State

23 HOLLYWOOD, FL

28

Zip

Country

Zip

Country

24 33020

25 U.S.A.

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRIE I. LEVINE
2632 HOLLYWOOD BLVD.
SUITE 208
HOLLYWOOD, FL 33020

81 Name
MORRIE I. LEVINE

82 Street Address (P.O. Box Number is Not Acceptable)

2450 HOLLYWOOD BLVD.

83 SUITE 100

84 City
HOLLYWOOD

FL 85 Zip Code
33020

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DIRECTOR ☐ DELETE
NAME STEVEN R. PRESS
STREET ADDRESS 4801 S. UNIVERSITY DR., #303 W
CITY-ST-ZIP FT. LAUDERDALE, FL 33328

11 TITLE DIRECTOR ☒ Change ☐ Addition
12 NAME MORRIE I. LEVINE
13 STREET ADDRESS 2450 HOLLYWOOD BLVD., SUITE 100
14 CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE DIRECTOR ☐ DELETE
NAME ERIC KRIVOV
STREET ADDRESS 3937 PEMBROKE RD.
CITY-ST-ZIP HOLLYWOOD, FL 33021

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE DIRECTOR ☒ DELETE
NAME MORRIE I. LEVINE
STREET ADDRESS 2632 HOLLYWOOD BLVD., # 208
CITY-ST-ZIP HOLLYWOOD, FL 33020

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I 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: Morrie I. Levine - Director

June 11, 1998 (954)925-9000

CR2E037 (10/97)