

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P12736** (5)

1. Corporation Name
THE RIGHT CONNECTION, INC.

Principal Place of Business
**BOX 513
NARBERTH PA 18072**

Mailing Address
**BOX 513
NARBERTH PA 18072-0513**

3. Date Incorporated or Qualified **12/31/1986** 3a. Date of Last Report **04/15/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **23-2306163** Applied For
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. Not Applicable

22 City & State 27 City & State 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERSHOFF, JAY A. E
90130 OLD HWY.
TAVERNIER FL 33070**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAPPEL, SARAH F.	1.2 NAME	
STREET ADDRESS	551 HOWE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MERION PA	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAPPEL, SARAH F.	2.2 NAME	
STREET ADDRESS	551 HOWE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MERION PA	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAGER, LOUIS A.	3.2 NAME	
STREET ADDRESS	551 HOWE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MERION PA	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sarah F. Grappel, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sarah F. Grappel

4/23/97
Date

Daytime Phone #
0007714

CR2E034 (9/96)