

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # P93000001176 (5)

1. Corporation Name

THE C.V. CONNECTION, INC.

95 MAY -1 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2011 SW 70TH AVE
A-13
DAVE FL 33317
US

Mailing Address

2011 SW 70TH AVE
A-13
DAVE FL 33317
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/04/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0387865

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 **2011 S.W. 70th Ave**

2a. Mailing Address

26 **2011 S.W. 70th Ave.**

Suite, Apt. #, etc

22 **Bldg. A-15B**

Suite, Apt. #, etc

27 **Bldg. A-15B**

City & State

23 **DAVE, FL**

City & State

28 **DAVE, FL**

24 **33317**

25 **US**

29 **33317**

30 **U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GENTILE, JOHN D
1801 N. PALM AVENUE
SUITE 212
PEMBROKE PINES FL 33026**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD**
NAME **TIEGS, DEL V**
STREET ADDRESS **15878 E. WIND CIRCLE**
CITY ST ZIP **SUNRISE FL 33326**

TITLE **VTD**
NAME **TIEGS, RANDY G**
STREET ADDRESS **15878 E. WIND CIRCLE**
CITY ST ZIP **SUNRISE FL 33326**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental principal 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:

Del Tieg

Del Tieg

4/28/95

305-424-4285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number