

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000001176 (5)

1. Corporation Name

THE C.V. CONNECTION, INC.



Principal Place of Business

2011 SW 70TH AVENUE  
BLDG. A-15B  
DAVE FL 33317  
US

Mailing Address

2011 SW 7TH AVENUE  
BLDG A-15B  
DAVE FL 33317  
US

3. Date Incorporated or Qualified

01/04/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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~~

81

Name

Del Tieg's

82

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

15878 E. Wind Circle

83

84

City

Sunrise

FL

85

Zip Code

33326

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

*Del Tieg's*  
Signature, typed or printed name of registered agent and title, if applicable

*Pres Del Tieg's*  
(NOTE: Registered Agent signature required when reappointing)

*4/30/96*  
DATE

12. OFFICERS AND DIRECTORS

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

☐ DELETE

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD  
1.2 NAME Tieg's, Del V.  
1.3 STREET ADDRESS Same  
1.4 CITY-ST-ZIP Same  
☒ Change ☐ Addition

2.1 TITLE VTD  
2.2 NAME Tieg's, Randy G  
2.3 STREET ADDRESS Same  
2.4 CITY-ST-ZIP Same  
☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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

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

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

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 119.07(3)(k), 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:

*Del Tieg's*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/96*  
Date

*954-424-4285*  
Daytime Phone #

CR2E034 (12/95)