	PROFIT RPORATION UAL REPORT		Sandra Secr	PARTMENT OF ST. B. Mortham etary of State			FILE 2 1998	8 8:00	
	1998 MENT # P9300 R CONNECTION, INC.		2347 (7		<u> </u>		retary	of Sta	ate
-	ce of Business ORAL PARKWAY, WEST L FL 33914	70	uiling Address 19 CAPE CORAL PAF APE CORAL FL 3391				O NOT WRITE IN T		
						3. Date Incorporate 03/24/1993	d or Qualified		··· <u>····</u>
2. Principal F	Place of Business	2a. 26	Mailing Address			4. FEI Number			Applied For
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			65-0401641 5. Certificate of Stat	us Desired 🛛 🔀	\$8.75	Not Applicat
2 City & Stat	te		City & State			6. Election Campaig	n Financing		Required O May Be
Zip	Country		Zip	Country		Trust Fund Contri 8. This corporation of	wes or has paid th		to Fees
	25 9. Name and Address of Curr	29 rent Registe	ered Agent	30		Personal Property 10. Name and Addre	Tax due June 30. ss of New Registe		🗌 No
	rmar, monika			81 N	lame				
	9 CAPE CORAL PARKWAY, WE PE CORAL FL 33914	EST		82 S	treet Addre	ess (P.O. Box Number is	Not Acceptable)		
				83					
				84 C	ity			FL 85 Zip	Code
1. Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 60 ate of Florida	7 1508, Florida Stat a. Such change wa	utes, the above-na s authorized by the	med corpo e corporatio	pration submits this state			its registere
	to the provisions of Sections 607.0 registered agent, or both, in the Sta um familiar with, and accept the obt	502 and 60 ate of Florida Ilgations of,	7.1508, Florida Stat a. Such change wa Section 607.0505,	utes, the above-na s authorized by the Florida Statutes. Monika E.	amed corpo e corporation Farmar	pration submits this state on's board of directors.		se of changing appointment a	
IGNATURE	Signature, types or printed fierre of registered a	agent and title if	appilcable. (N	Monika E. OTE: Registered Agent Si	Farmar	d when reinstating)	ment for the purpo hereby accept the	se of changing appointment a 1-22	-1998
	Signature, types or Brinted Tierre of registered a OFFICERS A PS D	agent and title if	appilcable. (N	Monika E.		d when reinstating) ADDITIONS/CHAN(ment for the purpo hereby accept the	se of changing appointment a 1-22	-1998
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