SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 11 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000043693 (9)**

1. Corporation Name
DEERFIELD CONNECTION INC.

Principal Place of Business	Mailing Address
332 W. BOYNTON BEACH BLVD. #1 BOYNTON BEACH FL 33435 US	332 W. BOYNTON BEACH BLVD. #1 BOYNTON BEACH FL. 33435 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/15/1993
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business	2a. Mailing Address
21 332 W. Boynton Beach Blvd	26 332 W. Boynton Beach Blvd
22 Suite, Apt. #, etc. Suite #4	27 Suite, Apt. #, etc. Suite #4
23 City & State Boynton Beach FL.	28 City & State Boynton Beach FL
24 Zip 33435 25 County US	29 Zip 33435 30 County US

4. FEI Number: 65-0441344 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, LINDA 602 N.W. 44TH TERRACE SUITE 204 DEERFIELD BEACH FL 33442	81 Name: LINDA BROWN 82 Street Address (P.O. Box Number is Not Acceptable): 604 BRADFORD COURT 83 84 City: BOYNTON BEACH FL 85 Zip Code: 33462

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: Linda Brown LINDA BROWN 6/30/95
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	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BROWN, LINDA	1.2 NAME	LINDA BROWN	
STREET ADDRESS	602 N.W. 44TH TERRACE, SUITE 204	1.3 STREET ADDRESS	604 BRADFORD COURT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33323	1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33462	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Linda Brown LINDA BROWN 6/30/95 (407) 731-0092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0084068 CP