

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

FILED

Apr 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>993000050131</b> 1. Corporation Name <b>American Connectivity, Inc</b>			
Principal Place of Business <b>31 Tarpon Ave Key Largo, FL 33037</b>		Mailing Address	
2. Principal Place of Business 21 <b>31 Tarpon Ave</b> Suite, Apt. #, etc		2a. Mailing Address 26 <b>31 Tarpon Ave</b> Suite, Apt. #, etc	
22 City & State <b>Key Largo FL</b>		27 City & State <b>Key Largo, FL</b>	
23 Zip <b>33037</b>		28 Zip <b>33037</b>	
24 Country <b>USA</b>		29 Country <b>USA</b>	
3. Name and Address of Current Registered Agent <b>Robert C. Binder 31 Tarpon Ave Key Largo, FL 33037</b>		10. Name and Address of New Registered Agent	
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.		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
SIGNATURE: <b>[Signature]</b> - Pres Signature of officer, president, or other authorized agent (and if applicable, the Registered Agent's signature required when registering) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>President</b> 1.2 NAME <b>Robert C. Binder</b> 1.3 STREET ADDRESS <b>31 Tarpon Ave</b> 1.4 CITY - ST - ZIP <b>Key Largo, FL 33037</b>		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
2.1 TITLE <b>Sec.</b> 2.2 NAME <b>Rosemary D. Binder</b> 2.3 STREET ADDRESS <b>31 Tarpon Ave</b> 2.4 CITY - ST - ZIP <b>Key Largo, FL 33037</b>		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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		4000002489300 -04/15/98--01040--012 ***150.00	
SIGNATURE: <b>[Signature]</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-10-98 305-453-0909	

CR2E034 (10/97)