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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000088796

CONNECTIONS FOR BUSINESS, INC.

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90048 045 ***150.00



Principal Place	of Business	Mailing Address		1 (00)140) (48 10100 1114 NOLLI 6011 ADILL ENLA	11 18181 18141 (8818 18118 8111 1881
2843 PEMBROKI	E RD	2843 PEMBROKE RD			
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020					
				DO NOT WRITE IN THIS	S SPACE
				3. Date incorporated or Qualifed 12/30/1993	
2 Principal Pla	ace of Business	2a. Mailing Address		12/30/1993 4. FEI Number	And the Land
├ ── '	ace of business	<u> </u>		65-0462070	Applied For
Suite, Apt. 1	# etc	Suite, Apt. #, etc.	 -	05/0402070	\$8.75 Additional
22	, 0.0.	27		5. Certifcate of Status Desired	Fee Required
City & State City & State			6 Floation Compaign Figureing	\$5.00 May Be	
23		28		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	
24	25	⊢—, ·	30	Personal Property Tax.	Yes No
	9. Name and Address of Curre			10. Name and Address of New Registered	
<u> </u>			81 Name		
HODGES, PERRY W JR.			20 5 (1)	(5.0.5)	·
644 SE 4 AVE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
FT L	AUDERDALE FL 33301		83		
					<u> </u>
			84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-n					f changing its registered
office or re	egistered agent, or both, in the State	of Florida. Such change was at	ithorized by the comorat	ion's board of directors. I hereby accept the appo	ointment as registered
ĺ	n familiar with, and accept the obliga	alions of, Section 607.0505, Flor	noa Statutes.		J
SIGNATURE	Signature, typed or printed name of registered age	art and title if applicable (AIOTE)			
12.			Redistered Agent Signature reduit	ed when reinstating) DATE	
14.	OFFICERS AI	ND DIRECTORS	Registered Agent signature requir	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	OFFICERS AI		13. 1.1 TITLE		ND DIRECTORS IN 12 Change Addition
TITLE		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P BENNETT WILLIAM E	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME STREET ADDRESS	P BENNETT WILLIAM E 4918 ROOSEVELT ST	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME	P BENNETT WILLIAM E	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	
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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)(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, with all other like empowered.

954-920-9604

CR2E034 (11/98)