

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 SEP 11 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000003392 (5)**

1. Corporation Name

SYLVIA CONNECTION, INC.



Principal Place of Business

Mailing Address

% WALTER J. REMHOF
1314 E. CAPE CORAL PARKWAY, SUITE 204
CAPE CORAL FL 33904

% WALTER J. REMHOF
1314 E. CAPE CORAL PARKWAY, SUITE 204
CAPE CORAL FL 33904

3. Date Incorporated or Qualified

01/13/1994

3a. Date of Last Report

05/23/1995

4. FEI Number

APPLIED FOR 65-0461387

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REMHOFF, WALTER J
1314 E. CAPE CORAL PARKWAY
SUITE 204
CAPE CORAL FL 33904

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable

(If DFE, Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME DP
STREET ADDRESS LAMMERZ, ROLF
CITY - ST - ZIP 1314 E. CAPE CORAL PARKWAY, SUITE 204
CAPE CORAL FL 33904

TITLE ☐ DELETE
NAME DST
STREET ADDRESS LAMMERZ, SYLVIA
CITY - ST - ZIP 1314 E. CAPE CORAL PARKWAY, SUITE 204
CAPE CORAL FL 33904

TITLE ☐ DELETE
NAME VP
STREET ADDRESS REMHOFF, WALTER J
CITY - ST - ZIP 1314 E. CAPE CORAL PARKWAY, SUITE 204
CAPE CORAL FL 33904

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter J. Remhof - VP -

8/12/96

Signature Printed