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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1, 00.00.00.	MENT # P94000 CONNECTION, INC.	022881							
Principal Plac	Mailing Address			·m	- + 14411401 110 1811/ 010/1 00/1 00/1 00/1 00/1				
18500 NE 5TH 1ST FLOOR MIAMI FL 3317	AVE.	18500 NE 5TH AVE. 1ST FLOOR MIAMI FL 33179				DO NOT WRITE IN THE	S SPACE		
						3. Date Incorporated or Qualifed 03/24/1994			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number			
21	lace of Basiness	26				65-0496734	<u> </u>	oplied For	
Suite, Apt.	# etc	Suite, Apt. #, etc.				00-0490734	\$8.75	ot Applicable	
22	,	27				5, Certificate of Status Desired	7	equired	
City & Stat	e	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 Added		
Zip	Country	Zip	Count	ry		8. This corporation owes the current year Ir	tangible		
24	25 29 30		30	ס <u>ק</u>		Personal Property Tax.	∐Yes	□No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent		
PLOTKIN, BENARD N 3308 OAK DRIVE HOLLYWOOD FL 33021			8	2 Stre		ess (P.O. Box Number is Not Acceptable)			
				84 City		· FI	85 Zip (Code	
agent. I a SIGNATURE	egistered agent, or both, in the State of mainliar with, and accept the obligate Signature, typed or printed name of registered agent	ions of, Section 607.0505, Florid	da Statute	s.		n's board of directors. I hereby accept the appointment of directors. I hereby accept the appointment of directors.	intment as re	gistered	
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	☐ DELETE	1.1 TITLE				☐ Change	Addition	
NAME	PLOTKIN, BENARD N		1.2 NAME						
STREET ADDRESS	3308 OAK DR.		1.3 STRE	ET ADDRE	ss			1	
CITY-ST-ZIP	HOLLYWOOD FL 33021			1.4 CITY-ST-ZIP					
TITLE	VP □ DELETE		2.1 TITLE				Change	Addition	
NAME	PLOTKIN, HOWARD P		2.2 NAME]	
STREET ADDRESS	3308 OAK DRIVE			ET ADDRES	ss				
CITY-ST-ZIP	HOLLYWOOD FL 33021			2. 4 CITY-ST-ZIP				-	
TITLE	S DELETE		3.1 TTLE		 	`	Change	Addition	
NAME	PLOTKIN, BETTY		3.2 NAME					_ `	
STREET ADDRESS	3308 OAK DRIVE			ET ADDRES	ss		•		
CITY-ST-ZIP	HOLLSTHOOD PL 00004		1	3.4. CITY-ST-ZIP					
TITLE			4.1 TITLE				☐ Change	Addition	
NAME (4. 2 NAME	:			_ •		
STREET ADDRESS			1	- ET ADDRES	s				
CITY-ST-ZIP			4.4 CITY-1		-			1	
TITLE		☐ DELETE	5.1 TITLE		+		Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS				T ADDRES	s			}	
CITY-ST-ZIP			5.4 CITY-9						

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Change

Addition