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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000029000

1. Corporation Name
EXA CONNECTION, INC.

Principal Place of Business
9200 S DADELAND BLVD
SUITE 100
MIAMI FL 33156
US

Mailing Address
9200 S DADELAND BLVD
SUITE 412
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/15/1994

4. FEI Number
65-0709436

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 440 S. FEDERAL Hwy

22 Suite, Apt. #, etc. 104

23 City & State DEERFIELD BEACH, FL

24 Zip 33441 25 Country US

2a. Mailing Address

26 Suite, Apt. #, etc. SAME

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

DARROW, KENNETH F
9200 S DADELAND BLVD
SUITE 412
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
9350 S. DIXIE Hwy
83 1550
84 City MIAMI FL 85 Zip Code 33156

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 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	PD	1.1 TITLE	D
NAME	CURRAN, JOHN C	1.2 NAME	
STREET ADDRESS	9200 S DADELAND BLVD STE 100	1.3 STREET ADDRESS	440 S. FEDERAL HWY, #104
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	STD	2.1 TITLE	P, D
NAME	PRISKIE, STANLEY	2.2 NAME	
STREET ADDRESS	9200 S. DADELAND BLVD STE 100	2.3 STREET ADDRESS	440 S. FEDERAL HWY, #104
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: Stanley Priskie PRESIDENT, STANLEY PRISKIE 4/29/99 954-725-5570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)