FILE NOW: FILING FE PROFIT CORPORATION ANNUAL REPORT 1998		AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED Apr 28 1998 8:00an Secretary of State		
	CONNECTIONS, INC.	Mailing Address 6268 WOOD LAKE RD JUPITER FL 33458		DO NOT WRITE		
2 Princinal Pi	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualified 05/16/1994 4. FEI Number		
1 153 Suite, Apt, 4	O CYDRESS DP	26 1530 Cyp	RESS DR.	65-0490432	N	pplied For ot Applicable
2 Svi	te A'	27 Suite A	۱	5. Certificate of Status Desired	Fee R	Additional equired
B Jupiter FL		28 Jupiter, FL		6. Election Cempaign Financing Trust Fund Contribution Added to Fees		
1 <u>334</u> 6	9 25 USA		30 USA	8. This corporation owes or has pa Personal Property Tax due June	30. 🖸 Yes [tangible
ĊR/	g. Name and Address of Curr AFT, DAVID W	rent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
341	18 N DIXIE HWY		82 Street Add	ress (P.O. Box Number is Not Acceptat	ble)	
WE	ST PALM BEACH FL 33407		83			
			84 City	······································	65 Zip	Code
11. Pursuant te	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute		poration submits this statement for the p	FL	
SIGNATURE	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obj Signature, lyped or period came of registered a			poration submits this statement for the p ation's board of directors. I hereby accep ared when reinstating)	FL	
SIGNATURE	Signature, typod or printed name of registered a OFFICERS A	agert and fille if applicable (NOTE NND DIRECTORS	es, the above-named cor uthorized by the corpora rida Statutos. Registered Agent signature requ 13.		DATE DATE	ts registered
SIGNATURE 2. ITLE IAME ITREET ADDRESS	Signature, hypod or printed name of registered OFFICERS A D DUCHARME, DENNIS 6268 WOOD LAKE RD	agent and the if applicable (NOTE	Registered Agent signature required agent agent agent signature required agent signature require	ired when reinstating)	PL purpose of changing in the appointment as	ts registered
SIGNATURE	Signature, typed of printed name of registered OFFICERS A D DUCHARME, DENNIS	agert and fille if applicable (NOTE NND DIRECTORS	Registered Agent signature required a Statutes. Registered Agent signature required 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE	ired when reinstating)	DATE DATE	ts registered registered RS IN 12
SIGNATURE	Signature, hypod or printed name of registered OFFICERS A D DUCHARME, DENNIS 6268 WOOD LAKE RD	age:1 and file if applicable (NOTE NND DIRECTORS	Registered Agent signature required agent	ired when reinstating)	DATE CERS AND DIRECTOR	ts registered registered RS IN 12
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