FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000038977 (2)**

1. Corporation Name

C.D. CONNECTION, INC.

Principal Place of Business	Mailing Address
250 VALENCIA AVE CORAL GABLES FL 33134	250 VALENCIA AVE CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **05/17/1994**

3a. Date of Last Report: **07/13/1995**

4. FEI Number: **APPLIED FOR** 65-0491445 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MILLER, GEORGE D
250 VALENCIA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 Date required) (NOTE: Registered Agent's signature required for each filing) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	MILLER, GEORGE D	
STREET ADDRESS	250 VALENCIA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	☐ DELETE
NAME	HENNESSY, DAVID C	
STREET ADDRESS	22481 PLEASANT PARK RD	
CITY-ST-ZIP	CONIFER CO 80433	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	P/T	☒ Change ☐ Addition
12 NAME	GEORGE D. MILLER	
13 STREET ADDRESS	250 VALENCIA AVE	
14 CITY-ST-ZIP	CORAL GABLES FL 33134	
21 TITLE	V	☒ Change ☐ Addition
22 NAME	DAVID C. HENNESSY	
23 STREET ADDRESS	22481 PLEASANT PARK ROAD	
24 CITY-ST-ZIP	CONIFER CO 80433	
31 TITLE	V/S	☐ Change ☒ Addition
32 NAME	JOEL S. BERKOWITZ	
33 STREET ADDRESS	2115 KNAAB DRIVE	
34 CITY-ST-ZIP	BOZEMAN MT 59715	
41 TITLE	V	☐ Change ☒ Addition
42 NAME	WILLIAM O. COOLEY	
43 STREET ADDRESS	10836 PLEASANT HILL DRIVE	
44 CITY-ST-ZIP	POTOMAC MD 20854	
51 TITLE	A	☐ Change ☒ Addition
52 NAME	LYNDA MAHONEY	
53 STREET ADDRESS	4815 S PINE ROAD	
54 CITY-ST-ZIP	EVERGREEN CO 80439	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: lynda mahoney LYNDA MAHONEY 03/15/96 303/697-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #