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FILED  
Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
250 VALENCIA AVE  
CORAL GABLES FL 33134

Mailing Address  
250 VALENCIA AVE  
CORAL GABLES FL 33134-5906

3. Date Incorporated or Qualified  
05/17/1994

3a. Date of Last Report  
04/10/1996

4. FEI Number  
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  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

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  
85 Zip Code  
FL

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

TITLE	OT	<input type="checkbox"/> DELETE
NAME	MILLER, GEORGE D	
STREET ADDRESS	250 VALENCIA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HENNESSY, DAVID C	
STREET ADDRESS	22481 PLEASANT PARK RD	
CITY-ST-ZIP	CONIFER CO 80433	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BERKOWITZ, JOEL S.	
STREET ADDRESS	2115 KNAAB DRIVE	
CITY-ST-ZIP	BOZEMAN MT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COOLEY, WILLAM O	
STREET ADDRESS	10836 PLEASANT HILL DRIVE	
CITY-ST-ZIP	POTOMAC MD	
TITLE	A	<input checked="" type="checkbox"/> DELETE
NAME	MAHONEY, LYNDA	
STREET ADDRESS	4815 S PINE ROAD	
CITY-ST-ZIP	EVERGREEN CO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	A
6.3 STREET ADDRESS	Simpson, Anna M.
6.4 CITY-ST-ZIP	850 Hangmans Road Bailey, CO 80421

14. I do 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.

SIGNATURE:

David C. Hennessy

4/17/97

(303) 697-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0183626

CR2E034 (9/96)