TAMPA BAY CONNECTIONS, INC. Principal Place of Business 4820 WELLBROOK DRIVE NEW PORT RICHEY FL 34653 3. Date Incorporated or Qualified 3a. Date of Last Report 08/30/1994 3. Date Incorporated or Qualified 3a. Date of Last Report 07/28/1995 2. Principal Place of Business 2. Mailing Address 4. FEI Number Application 10/28/1994 4. FEI Number Application 10/28/1994 5. Certificate of Status Desired S8.75 Additional 10/28/1994 22 Suite, Apt. #, etc Suite, Apt. #, etc 23 Suite, Apt. #, etc Suite, Apt. #, etc 24 27 Country Zip Country 25 Country Zip Country 26 Clty & State 27 Country Zip Country 28 This corporation has liability for intangible tax under is 190.032. Fiorida Statutes CP Yes No 9. Name and Address of Current Registered Agent MOSIELLO, ENRICO 4820 WELLBROOK OR 82 Street Address (P.O. Box Number is Not Acceptable) 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes 11. Pursuant to the provisions of Sections of Section 607.0505, Florida Statutes 11. Pursuant to the provisions of Sections of Section 607.0505, Florida Statutes 11. Pursuant to the provisions of Sections of Section 607.0505, Florida Statutes 11. Pursuant to the provisions of Section 607.0505, Florida Statutes 12. Of ESECTE S. NON DIRECTORS.	COF	D NOTICE: CORPORATION WILL E ON OR BEFORE 87/96: \$225 (IF D PROFIT RPORATION UAL REPORT 1996	FLORIDA DEPAR Sandra E Secreta DIVISION OF (AUGUST 7, 1996. JE TO REINSTATE: \$375.) RTMENT OF STATE B Mortham ry of State CORPORATIONS		
420 WELBROOK DRIVE WEY ROTH ROLEY FL 346S3 2. Date Independed or Dusther 3a. Date of Last Report 07/26/1985 2. Froncipal Place in Hoursess 2a. Making Andress 2b. Mak					 	
2. Maring Address 2. Maring Address 2. Maring Address 2. Sance Apt 4, etc. Suite Apt 4, etc. Suite Apt 4, e	4820 WELLBI	ROOK DRIVE	4820 WELLBROOK DRIVE		3. Date incorporated or Qualified	
Since Apt	2. Principal Place of Business 2a. Mailing Ad					
Section State St				Above	59-3274124	Not Applicable
City & State 29 29 20 County Zp County Zp County Zp County Zp County Zp Sp	22				5. Certificate of Status Desired	· · · · · · · · · · · · · · · · · · ·
28						
9. Name and Address of Current Registered Agent MOSELLO, ENRICO 4820 WELBROOK DR NEW PORT RICHEY FL 34853 11. Pursuant to the previouses of Section 607 0507 and 607 1508, Florida Statutes, the above named corporations submits five statement for the purposes of changing the registered agent terms to the previouses of Section 607 0507 and 607 1508, Florida Statutes, the above named corporations submits five statement for the purpose of changing the registered agent term terms agent terms agent terms agent terms to the state of florida Section 607 0507 and 607 1508, Florida Statutes, and the registered agent terms to the state of the purpose of changing the registered agent terms terms agent te	Zip			Country	····	
MOSIELLO, ENRICO 4820 WELLBROOK OR NEW PORT RICHEY FL 34853 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 Only FL 85 Z.p. Code 85 Street Address (P.O. Box Number is Not Acceptable) 86 A Only FL 85 Z.p. Code 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Only FL 85 Z.p. Code 11. Pursuant to the precisions of Sections 620 6600 and 607 1608 Floring National Address (P.O. Box Number is Not Acceptable) 89 Only FL 85 Z.p. Code 11. Pursuant to the precisions of Sections 620 6600 and 607 1608 Floring National Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 Only FL 85 Z.p. Code 85 Z.p. Code 86 Z.p. Code 87 Z.p. P. C.	24		29 rent Registered Agent	30	Florida Statutes	Yes No
### WEUBROOK DR NEW PORT RICHEY FL 346S3 ### City ### City ### Company of Sections 607 0000 and 607 1508. Floring Statutes, the above named corporation submits his statement for this purpose of beneging its registered against lam frameworkers, and accept the obligations of Section 1007 200 and 607 1508. Floring Statutes, the above named corporation submits his statement for this purpose of changing its registered against lam frameworkers, and accept the obligations of Section 1007 200 and the properties of sections 1007 200 and the properties of the properties of the properties of sections 1007 200 and the properties of the properties	MC	· -		81 Name	TV. Name and Adoress of New He	egistered Agent
11. Pursuant to the promotion of Scotes - 607 000 prof 507 1508. Floring Statutos, the development of the promotion of Scotes - 607 000 prof 507 1508. Floring statutos, the development of the promotion of Scotes - 607 000 prof 507 1508. Floring statutos the development of the promotion of the promotion of the Scotes of Control of Scotes - 607 000 prof 507 1508. Floring statutos being different of the promotion of the promotio	4820 WELLBROOK DR			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)
T1. Pursuant to the provisions of Sections 607 0500 and 607 1508, Florida Statutes, the above-named comporation submits his statement for the purpose of changing its registered of section of gibbs. Florida Statutes are gibbs of provided about to train in the State of Blook Submits and according to deligations of Sections of Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INC. MOSIELLO, ENRICO MOSIELLO, ENRICO 12. ASSOCIATION OF TRICKEY FL. MOSIELLO, ENRICO 12. ASSOCIATION OF TRICKEY FL. MOSIELLO, ENRICO 12. ASSOCIATION OF TRICKEY FL. MOSIELLO, ENRICO 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CONTROLLY FL. 15. TRIEF ADDRESS CITY 51.79 DELETE 11. INITE 12. INITE 9. DELETE 11. INITE 12. INITE 9. DELETE 11. INITE 12. INITE 9. DELETE 11. INITE 12. INITE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CONTROLLY FL. 15. TRIEF ADDRESS CITY 51.79 INITE 9. DELETE 11. INITE 12. INITE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CONTROLLY FL. 15. TRIEF ADDRESS CITY 51.79 INITE 9. DELETE 11. INITE 12. INITE 13. TRIEF ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CONTROLLY FL. 15. TRIEF ADDRESS 15. STREET A	NE.	W POHI RICHEY FL 34653		83		
T1. Pursuant to the provisions of Sections 607 0500 and 607 1508, Florida Statutes, the above-named comporation submits his statement for the purpose of changing its registered of section of gibbs. Florida Statutes are gibbs of provided about to train in the State of Blook Submits and according to deligations of Sections of Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INC. MOSIELLO, ENRICO MOSIELLO, ENRICO 12. ASSOCIATION OF TRICKEY FL. MOSIELLO, ENRICO 12. ASSOCIATION OF TRICKEY FL. MOSIELLO, ENRICO 12. ASSOCIATION OF TRICKEY FL. MOSIELLO, ENRICO 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CONTROLLY FL. 15. TRIEF ADDRESS CITY 51.79 DELETE 11. INITE 12. INITE 9. DELETE 11. INITE 12. INITE 9. DELETE 11. INITE 12. INITE 9. DELETE 11. INITE 12. INITE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CONTROLLY FL. 15. TRIEF ADDRESS CITY 51.79 INITE 9. DELETE 11. INITE 12. INITE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CONTROLLY FL. 15. TRIEF ADDRESS CITY 51.79 INITE 9. DELETE 11. INITE 12. INITE 13. TRIEF ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CONTROLLY FL. 15. TRIEF ADDRESS 15. STREET A				84 City		Jes Zin Code
SIGNATURE Square to pulse the production of the page cannot be page and agree to pulse the page and agree to pulse the page agrained the page agrained the page agrained to page agrained study. Florida Statutes, and that my name appears so Block 12 ordisock 13 if changed, or on an attachment with an address.	11. Pyrsuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	l i	poration submits this statement for the o	
SIGNATURE Square to pulse the production of the page cannot be page and agree to pulse the page and agree to pulse the page agrained the page agrained the page agrained to page agrained study. Florida Statutes, and that my name appears so Block 12 ordisock 13 if changed, or on an attachment with an address.	office or ri agent I a	registered agent, or both, in the Sta im familiar vith, and accept the obt	te of Florida. Such change was au igations of Section 607.0505, Flor	thorized by the corpora ida Statutes	tion's board of directors. Thereby accept	t the appointment as registered
THE P DELETE TITLE DELETE TITLE DELETE TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE P DELETE TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE SVP NAME NEW PORT RICHEY FL THE SVP HILLER, PAUL M 22 MME STREET ADDRESS 6823 N LOIS AVE 23 STREET ADDRESS CITY - ST - ZP THE DELETE 31 THE CANAME 32 STREET ADDRESS CITY - ST - ZP THE DELETE 41 THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE DELETE 51 THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE DELETE 51 THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE DELETE 51 THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE DELETE 51 THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE DELETE 51 THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE DELETE 51 THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE DELETE 51 THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE DELETE 51 THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE DELETE 51 THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE DELETE 51 THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE CANAME ASSISTED ADDRESS CITY - ST - ZP THE CANAME ASSISTED ADDRESS ASSISTED ADDRESS CITY - ST - ZP THE CANAME ASSISTED ADDRESS ASSISTED ADDRESS CITY - ST - ZP THE CANAME ASSISTED ADDRESS ASSISTED ADDRESS CITY - ST - ZP THE CANAME ASSISTED ADDRESS ASSISTED ADDRESS CITY - ST - ZP THE CANAME ASSISTED ADDRESS ASSISTED ADDRESS CITY - ST - ZP THE CANAME ASSISTED ADDRESS ADDRESS ADDRESS ASSISTED ADDRESS CITY - ST - ZP THE CANAME ASSISTED ADD	SIGNATURE	- /~ / / / ~	ENR	ico Mosiel	(o	8-1-96
MANE MOSTELLO, ENRICO 12 NAME 13 SIREET ADDRESS NEW PORT RICHEY FL 14 CITY-ST-ZIP THE SYP HILLER, PAUL M 6923 N LOIS AVE 13 SIREET ADDRESS CITY-ST-ZIP THE DELETE 31 THE 32 NAME 32 SIREET ADDRESS CITY-ST-ZIP THE DELETE 41 THE 42 CITY-ST-ZIP THE DELETE 41 THE 42 CITY-ST-ZIP THE DELETE 41 THE Change Addition Addition Addition Addition Addition Addition THE DELETE 51 THE Change Addition Addition Addition Addition Addition Addition Addition THE DELETE 51 THE Change Addition Addition Addition Addition Addition Addition Addition THE DELETE 51 THE Change Addition Addition	12.		AND DIRECTORS			
SPRET ADDRESS OTY-ST-ZP NEW PORT RICHEY FL 13 SIRET ADDRESS NEW PORT RICHEY FL 14 OTY-ST-ZP NAME HILLER, PAUL M 9823 N LOIS AVE 22 NAME 23 SIRET ADDRESS OTY-ST-ZP TAMPA FL 24 OTY-ST-ZP 10 DELETE 31 TITLE NAME 32 NAME 33 SPRET ADDRESS OTY-ST-ZP 10 DELETE 41 TITLE 10 DELETE 51 TIT		MOSIFILO ENRICO	L DELETE			CERS AND DIRECTORS IN 12 Change Addition
TITLE SVP	STREET ADDRESS	4820 WELLBROOK DR		i I		120
MAKE STREET ADDRESS CITY-ST-ZP TAMPA FL DELETE 31 CHY-ST-ZP TAMPA FL DELETE 31 CHY-ST-ZP TITLE DELETE 41 TITLE 42 CHY-ST-ZP TITLE 43 STREET ADDRESS CITY-ST-ZP TITLE DELETE 51 TITLE ASSIREET ADDRESS CITY-ST-ZP TITLE DELETE 51 TITLE DELE	·			14 CITY - ST - ZIP		100
STREET ADDRESS GITY-ST-ZP TIFLE GITH-ST-ZP TIFL-ST-ZP T			DELETE.	1		Change Addition C
CITY-ST-ZIP TIFLE DELETE 31 DILE 32 ACITY-ST-ZIP DELETE 41 DILE Addition AACITY-ST-ZIP DELETE 41 DILE 42 RIAME 42 RIAME 43 STREET ADDRESS CITY-ST-ZIP TITLE AMME DELETE 51 DILE 52 AMME 53 STREET ADDRESS DITY-ST-ZIP TITLE DELETE 51 DILE Change Addition Addition Addition Addition Addition Addition Change Addition Addition Addition Change Addition Addition Addition Change Addition Additio						
NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 41 TITLE 42 NAME 42 NAME 42 NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 41 TITLE 43 STREET ADDRESS CITY- ST-ZIP TITLE DELETE DELETE 51 NAME 52 NAME 53 STREET ADDRESS CITY- ST-ZIP TITLE DELETE 51 NAME 52 NAME 53 STREET ADDRESS CITY- ST-ZIP TITLE DELETE 54 CITY- ST-ZIP TITLE DELETE 54 CITY- ST-ZIP TITLE DELETE 61 TITLE Change Addition Addition Change Addition Change Addition Addition Addition The Change Addition Addition Addition The Change The Change Addition The Change The Change Addition The Change The Cha		TAMPA FL				
SIREET ADDRESS OTY- ST-ZIP TITLE DELETE 41 TITLE 42 NAME 4 2NAME 4 2NAME 4 3STREET ADDRESS OTY- ST-ZIP TITLE DELETE 51 TITLE DELETE 51 TITLE DELETE 61 TITL			DELETE			Change Addition
CITY-ST-ZIP JELETE JEL				}		
DELETE 41 TITLE Change Addition AAME 5TREET ADDRESS CITY- ST-ZIP TITLE DELETE 51 TITLE Change Addition 4 2 NAME 4 2 NAME 4 2 NAME 4 2 NAME TITLE Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Addition Addition Addition Addition Addition Addition NAME 52 NAME 53 STREET ADDRESS DITY- ST-ZIP TITLE DELETE 61 TITLE Change Addition Change Addition Addition Addition Change Addition Ad	í					
STREET ADDRESS CITY- ST-ZIP TITLE DELETE STRICT ADDRESS CITY- ST-ZIP TITLE STREET ADDRESS CITY- ST-ZIP TITLE DELETE STREET ADDRESS CITY- ST-ZIP TITLE DELETE STREET ADDRESS CITY- ST-ZIP TITLE DELETE STREET ADDRESS CITY- ST-ZIP TITLE DELETE STREET ADDRESS CITY- ST-ZIP TITLE STREET ADDRESS CITY- ST-ZIP THE Change Addition Addition STREET ADDRESS CITY- ST-ZIP THE Change Addition STREET ADDRESS CITY- ST-ZIP THE Change Addition Addition STREET ADDRESS CITY- ST-ZIP THE Change Addition STREET ADDRESS CITY- ST-ZIP THE Change Addition The STREET ADDRESS CITY- ST-ZIP THE Change Addition STREET ADDRESS CITY- ST-ZIP THE CHANGE ADDRESS COLUMN THE CHANGE ADDRESS CITY- ST-ZIP THE CHANGE ADDRESS COLUMN THE CHANGE ADD			DELETE		- C - C - C - C - C - C - C - C - C - C	Change Addition
CITY-ST-ZIP TITLE DELETE DELETE 51 TITLE SAME 52 NAME 53 STREET ADDRESS DITY-ST-ZIP TITLE DELETE 61 TITLE DELETE 61 TITLE Change Addition Addition Change Addition Addition Addition Change Addition Change Addition Addition Addition Fig. 1 Addition Addition Addition Change Addition Change Addition Addition Addition Addition To a street ADDRESS CITY-ST-ZIP 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 O7(3)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address						
ITILE NAME STREET ADDRESS DITY-S1-ZIP TITLE DELETE DELETE DELETE 61 TITLE Addition Change Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition Addition Addition Addition Addition Addition The STREET ADDRESS CITY-S1-ZIP 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)(k). 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address						
STREET ADDRESS DELETE 5 STREET ADDRESS DELETE 6 LTITLE NAME STREET ADDRESS G17Y-ST-ZIP 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)(k). Florida Statutes 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address			DELETE			Change Addition
DELETE 54 CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-7/P 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)(k). 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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address				5.2 NAME		
THE DELETE OF THE STATE OF THE						
STREET ADDRESS CITY-ST-ZIP 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)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address			DELETE			Change Addition
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)(k). 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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address	-			6.2 NAME		V. L
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)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address						
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 617, Florida Statules, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address	14. Ldo hereby	y certify that the information suppli	ed with this filing is voluntarily furn	abada a da d	lify for the exemption stated in Section 1	19 07(3)(k), Florida Statutes I
y and appear of the ordinary control of the partiach military and a radialess	made unde	er oath, that I am an officer or direr	tor of the corporation or the raceiu	er or trustes amaginare	and accurate and that my signature shall d to execute this report as required by C	have the same legal effect as if hapter 617, Florida Statutes, and
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			il unanged, or on an attachment i	with an address		
Table 10 Process 1	SIGNATI		OR PRINTED NAME OF SIGNING OFFICER OF	DIRECTOR	8-1-96	813-515-483K