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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000005819

1. Corporation Name

CONDO CONNECTION, INC.

Principal Place of Business Mailing Address							1 24101 21)	91 19101 1 1	1818 1811 1881	
3005 SE WOODRING LN PO BOX 9106 PORT ST LUCIE FL 34985						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 01/20/1995				
Principal Place of Business 2a. Mailing Address						I. FEI Number Applied F				
21						65-0552014	Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 Additional Fee Required			
22 27									·	
City & State	Đ	City & State	ily & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Countr	У		8. This corporation owes the current year le	ntangible)		
24	25 29 30					Personal Property Tax. ☐ Yes ☐ No				
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	d Agent			
			81	1	Name				-	
Brannigan, Gretta 3005 Se woodring Ln				2	Street Addres	ress (P.O. Box Number is Not Acceptable)				
PORT ST LUCIE FL 34952			83	2						
100	1 01 EDOIL 1 E 04902		0.	1						
			84	4	City	F	85	Zip Ci	ode	
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 [NOTE: Registered Agent signature required when rejustation]. DATE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi				and the state of t				DC IN 12		
12.	OFFICERS AND DIRECTORS 13 D DELETE 1.6					ADDITIONS/CHANGES TO OFFICERS A		hange	Addition	
TITLE	P PPANISANI OPETTAA	LI DECETE	1.1 TITLE							
NAME	Distribution, one inst			1.2 NAME						
STREET ADDRESS	0000 02 110 00711110 0111		1.3 STREET ADDRESS							
CITY-ST-ZIP	PORT ST LUCIE FL 34952			1.4 CITY-ST-ZIP				hange	Addition	
TITLE		☐ Defete	2.1 TITLE				□ •.	Lingo		
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREET ADDRESS							
CITY-ST-ZIP			2.4 CITY-ST-ZIP		ZIP			hange	Addition	
ΠπLE		☐ DELETE	3.1 TITLE			rus tre m		iai igo		
NAME			3 2 NAME						1	
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NAME			4. 2 NAME							
STREET ADDRESS			4.3 STRE	ETA	DDRESS					
CITY-ST-ZIP			4.4 CITY-S		ZIP			hones	☐ Addition	
TITLE		☐ DELETE	5.1 TITLE					hange		
NAME			5.2 NAME						Į	
STREET ADDRESS			5.3 STRE						-	
CITY-ST-ZIP			5.4 CITY-		ZIP			hange	- Addition	
inte			6.1 TITLE				Пи	ange	☐ Addition	
NAME			6.2 NAME	E						

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS