

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000006275 (8)**

1. Corporation Name
COMIC CONNECTION, INC.



Principal Place of Business: **1711 N STATE ROAD 7 SUITE Q MARGATE FL 33063**
Mailing Address: **1711 N STATE ROAD 7 SUITE Q MARGATE FL 33063**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **01/20/1995**
3a. Date of Last Report
4. FEI Number: **65-0549713**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Fla. Stat.: Yes No

9. Name and Address of Current Registered Agent
**CANTWELL, JAMES B
1711 N STATE ROAD 7
SUITE Q
MARGATE FL 33063**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (If Box Number is Not Applicable)
83.
84. City
FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.040 and 607.1506, 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, hereby accept the appointment as required agent, I am familiar with and accept the obligations of, Section 607.0405, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	CANTWELL, JAMES B	
STREET ADDRESS	4356 NW 5TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	GALLAGAN, BETTY E	
STREET ADDRESS	4210 NE 11TH TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. NAME	
6. STREET ADDRESS	
7. CITY-ST-ZIP	
8. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME	
10. STREET ADDRESS	
11. CITY-ST-ZIP	
12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	
14. STREET ADDRESS	
15. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, true and correct and does not qualify for the exemption stated in Section 119.07(3)(a) Florida Statutes. I further certify that the information provided is true, correct and complete 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 registered broker prepared to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, or on an attached form with an officer.

SIGNATURE: *James B. Cantwell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

CR2E034 (12/95)