

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 # P95000051889 (0)

1. Corporation Name

CONNECT-AD, INC.



Principal Place of Business

Mailing Address

~~5200 NE 14TH WAY, SUITE 402~~
~~FT LAUDERDALE FL 33334~~

~~5200 NE 14TH WAY, SUITE 402~~
~~FT LAUDERDALE FL 33334~~

3. Date Incorporated or Qualified

06/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1000 W McNAB ROAD

26 1000 W McNAB ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 236

27 SUITE 236

City & State

City & State

23 POMPANO BEACH FL

28 POMPANO BEACH FL

Zip

Country

Zip

Country

24 33069

25 USA

29 33069

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLODNY, JOHN D

~~5200 NE 14TH WAY, SUITE 402~~

~~FT LAUDERDALE FL 33334~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1000 W McNAB ROAD

83 SUITE 236

84 City POMPANO BEACH

FL

85 Zip Code 33069

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 NAME STREET ADDRESS CITY-ST-ZIP

PD
COLODNY, JOHN D
~~5200 NE 14TH WAY, SUITE 402~~
~~FT LAUDERDALE FL 33334~~

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

STD
SAUNDERS, RUTH A
~~5200 NE 14TH WAY, SUITE 402~~
~~FT LAUDERDALE FL 33334~~

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1000 W McNAB ROAD SUITE 236
POMPANO BEACH FL 33069

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1000 W McNAB ROAD SUITE 236
POMPANO BEACH FL 33069

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-96

954-942-5070

CR2E034 (12/95)