

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000058987 (5)

1. Corporation Name

ONLINE CONNECTION CORPORATION



Principal Place of Business

14512 AMACA COURT
ORLANDO FL 32837

Mailing Address

14512 AMACA COURT
ORLANDO FL 32837

2. Principal Place of Business

21

Subst. Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Subst. Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SALVANO, DANIEL
14512 AMACA COURT
ORLANDO FL 32837

3. Date Incorporated or Qualified

07/25/1995

3a. Date of Last Report

4. FEI Number

59-3328540

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. 193.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1505, 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 607.0905, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of New Agent or Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

SALVANO, DANIEL
14512 AMACA COURT
ORLANDO FL 32837

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY- ST- ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY- ST- ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY- ST- ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY- ST- ZIP

37. TITLE

38. NAME

39. STREET ADDRESS

40. CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL J. SALVANO

4/1/96

407 859 4170

CR2E034 (12/95)