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May 30, 2000 8:00 am
Secretary of State

05-30-2000 90106 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078345

1. Corporation Name
~~BAILEY, JOHNSON AND ASSOCIATES, INC.~~
CRITICAL CONNECTIONS CORPORATION

Principal Place of Business: 10116 NW 53RD STREET, SUNRISE FL 33351

Mailing Address: 10116 NW 53RD STREET, SUNRISE FL 33351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21: 5150 NW 109th Ave
Suite, Act. #, etc.: Suite 1
City & State: SUNRISE FL
Zip: 33351 Country: USA

2a. Mailing Address
26: 5150 NW 109th Ave
Suite, Apt. #, etc.: SUITE 1
City & State: SUNRISE FL
Zip: 33351 Country: USA

3. Date Incorporated or Qualified: 10/12/1995

4. FEI Number: 65-0623743

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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
JOHNSON, ROGER
10116 NW 53RD STREET
SUNRISE FL 33351

10. Name and Address of New Registered Agent
81: Name: ROGER JOHNSON
82: Street Address (P.O. Box Number is Not Acceptable): 5150 NW 109th Ave
83: SUITE 1
84: City: SUNRISE FL 85: Zip Code: 33351

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: *Roger Johnson* ROGER JOHNSON, Vice President DATE: 4-28-00

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BARBARA	1.2 NAME	
STREET ADDRESS	351 FAIRMONT WAY	1.3 STREET ADDRESS	
CITY- ST- ZIP	FORT LAUDERDALE FL 33326-3585	1.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ROGER	2.2 NAME	
STREET ADDRESS	351 FAIRMONT WAY	2.3 STREET ADDRESS	
CITY- ST- ZIP	FORT LAUDERDALE FL 33326-3585	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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 with an address, with all other like empowered.

SIGNATURE: *Barbara Johnson* BARBARA JOHNSON DATE: 4-28-00 Phone #: 954-748-4510