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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000089308 (7)

CONNEX SYSTEMS, INC.

| FILED              |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|
| Mar 05 1998 8:00am |  |  |  |  |  |  |
| Secretary of State |  |  |  |  |  |  |
|                    |  |  |  |  |  |  |



| Principal Place of Business Mailing Address   |   |                                    |                       |   | . Leavide ins istat dilli dein denit dein den  | I ANDIN ININA ALSAN NEIRI KRIL ANAK |
|---|---|------------------------------------|-----------------------|---|--|-------------------------------------|
| 200 WEST FORSYTH STREET 200 WEST FORSYTH STRE |   |                                    | STREET                |   |  |                                     |
| SUITE 1730                                    | F 51 80000  | SUITE 1730                         | *** = : :-            |   | DO NOT WRITE IN THIS SPACE   |                                     |
| JACKSONVILI<br>US                             | LE PE 32202   | US                                 | JACKSONVILLE FL 32202 |   | 3. Date Incorporated or Qualified  |                                     |
| •   |   |                                    |                       |   | 11/21/1995   |                                     |
| 2. Principal P                                | lace of Business  | 2a, Mailing Address                |                       |   | 4, FEI Number  | Applied For                         |
| 21  |   | 26                                 |                       |   | 59-3344688   | Not Applicable                      |
| Suite, Apt.                                   | #, etc.   | Suite, Apt. #, etc.                |                       |   | \$8.75 Additional  |                                     |
| 22  |   | 27                                 | 27                    |   | 5, Certificate of Status Desired   | Fee Required                        |
| City & State                                  |   | City & State                       | City & State          |   | 6, Election Campaign Financing   | <b>\$5.00</b> May Be                |
| 23  |   | 28                                 |                       |   | Trust Fund Contribution  | Added to Fees                       |
| Zip   | Country   | Zip                                |                       | intry   | 8. This corporation owes or has paid the   |                                     |
| 24  | 25<br>9. Name and Address of Curr   | 29 29 Annt                         | 30                    | · · · · · · · · · · · · · · · · · · ·                 | Personal Property Tax due June 30.  10. Name and Address of New Register                               | Yes No                              |
| DD.   | AUGHON, RICHARD S   | oli hogistered Agolit              |                       | 81 Name   | 10. Hame and Address of their Register   | OO AGOIN                            |
|   |   |                                    |                       |   |  |                                     |
| 200 WEST FORSYTH STREET SUITE 1730            |   |                                    |                       | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                                     |
|   | CKSONVILLE FL 32202   |                                    |                       | 83  |  |                                     |
| JAC   | UNIVERTICAL IL SEEVE  |                                    | i                     |   |  |                                     |
|   |   |                                    |                       | 84 City   | F  | 85 Zip Code                         |
| 11 Pursuant                                   | to the provisions of Sections 607.0   | 502 and 607 1508. Florida Sta      | lutes the a           | nove-named cor  | rporation submits this statement for the purpos  |                                     |
| office or r                                   | egistered agent, or both, in the Sta  | ite of Florida. Such change wa     | s authorize           | d by the corpora                                      | ation's board of directors. I hereby accept the  | appointment as registered           |
|   | in tanimar with, and accept the ob-   | igations of, Section 607.0505,     | riulida Siai          | iules.  |  |                                     |
| SIGNATURE                                     | Signature, typed or printed name of registered i  | agent and little if applicable. (N | OTE: Registere        | d Agent signature requ                                | uirad when reinstating) DAT  | E                                   |
| 12.   | OFFICERS A  | ND DIRECTORS                       | 13.                   |   | ADDITIONS/CHANGES TO OFFICERS A  | AND DIRECTORS IN 12                 |
| TITLE   | OPT   | DELETE                             | 1.1 7                 | TLE   | ,  | Change Addition                     |
| NAME  | WUNDERLIN, PATRICIA A   |                                    | 1.2 N                 | AME   |  |                                     |
| STREET ADDRESS                                | 200 WEST FORSYTH ST SI  | JITE 1730                          | 1.3 \$1               | reet address  |  |                                     |
| CITY-ST-ZIP                                   | JACKSONVILLE FL   |                                    | 1.4 Ci                | TY-ST-ZIP   |  |                                     |
| TITLE   | \$D   | DELETE                             | 2.1 TI                | TLE   |  | Change Addition                     |
| NAME  | GERSZEWSKI, MARK L  |                                    | 2.2 N/                | AME   |  |                                     |
| STREET ADDRESS                                | 200 WEST FORSYTH ST SI  | JITE 1730                          | 2.3 S1                | REET ADDRESS  |  |                                     |
| CITY-ST-ZIP                                   | JACKSONVILLE FL   |                                    | 2.40                  | ITY-ST-ZIP  | · · · · · · · · · · · · · · · · · · ·  |                                     |
| TITLE   | DVP   | DELETE                             | 3.1 Ti                | TLE   |  | Change Addition                     |
| NAME  | MCHUGH, JAMES A   |                                    | 3.2 N/                | MME   | · ·  |                                     |
| STREET ADDRESS                                | 200 WEST FORSYTH ST SU  | JITE 1730                          | 3.3 ST                | REET ADDRESS  |  | ļ                                   |
| CITY-ST-ZIP                                   | JACKSONVILLE FL   |                                    | 3.4. C                | ITY-ST-ZIP  |  |                                     |
| TITLE   |   | ☐ DELETE                           | 4.1 Til               | ILE   |  | Change Addition                     |
| NAME  |   |                                    | 4.2 N                 | AME   |  |                                     |
| STREET ADDRESS                                |   |                                    | 4.3 \$1               | REET ADDRESS  |  |                                     |
| CITY-ST-ZIP                                   |   |                                    | 4.4 CI                | TY-ST-ZIP   |  |                                     |
| TITLE   | ·   | DELETE                             | 5.1 Til               | rLE   |  | Change Addition                     |
| NAME  |   |                                    | 5.2 NA                | ME  |  |                                     |
| STREET ADDRESS                                |   |                                    | 5.3 ST                | REET ADDRESS  |  |                                     |
| CITY-ST-ZIP                                   |   |                                    | 5.4 CI                | TY-ST-ZIP   |  | <u></u>                             |
| TITLE   |   | ☐ DELETE                           | 6.1 T(1               | rLE ]   | ·  | ☐ Change ☐ Addition                 |
| NAME  |   |                                    | 6.2 NA                | ME  |  |                                     |
| STREET ADDRESS                                |   |                                    | 6.3 ST                | REET ADDRESS  |  |                                     |
| CITY+ST-ZIP                                   |   |                                    | 6.4 CI                | TY-ST-ZIP   |  |                                     |
| 14. I hereby o                                | ertify that the information supplied  | with this filing does not qualify  | for the exe           | mption stated in                                      | n Section 119.07(3)(i), Florida Statutes. I further<br>ure shall have the same legal effect as if made | certify that the information        |
| officer or o                                  | or this arridal report or supplement<br>director of the corporation or the re<br>or Block 13 if changed, or on an att | ceiver or trustee empowered t      | o execute 1           | his report as req                                     | quired by Chapter 607, Florida Statutes; and the   | at my name appears in               |

2/20/ad