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FILED
Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000094408 (8)

1. Corporation Name
CORPORATE CONNECTION LINES, INC.



Principal Place of Business

3350 SOUTHWEST 3 AVENUE, SUITE 203
FORT LAUDERDALE FL 33315

Mailing Address

3350 SOUTHWEST 3 AVENUE, SUITE 203
FORT LAUDERDALE FL 33315-3337

3. Date Incorporated or Qualified
12/13/1995

3a. Date of Last Report
08/06/1996

2. Principal Place of Business

21 15970 W. ST RD 84
Suite, Apt. #, etc.

22 #184

23 Ft Lauderdale FL
City & State

24 33326
Zip

25
Country

2a. Mailing Address

26 15970 W. ST RD 84
Suite, Apt. #, etc.

27 #184

28 Ft Lauderdale FL
City & State

29 33326
Zip

30
Country

4. FEI Number
65-0625279

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. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MAHMOUD, SAAD
~~3350 SW 3 AVENUE~~
~~SUITE 203~~
FORT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
15970 W. State Rd 84 #184
83
84 City Ft. Lauderdale FL 85 Zip Code 33326

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 *Saad A. Mahmoud*

11/17/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	MAHMOUD, SAAD A	
STREET ADDRESS	3350 SOUTHWEST 3 AVENUE, SUITE 203	
CITY - ST - ZIP	FORT LAUDERDALE FL 33315	
TITLE	VD	DELETE
NAME	HERDE, DONALD	
STREET ADDRESS	3350 SOUTHWEST 3 AVENUE, SUITE 203	
CITY - ST - ZIP	FORT LAUDERDALE FL 33315	
TITLE	STD	DELETE
NAME	MOHAMED, M.E.	
STREET ADDRESS	3350 SOUTHWEST 3 AVENUE, SUITE 203	
CITY - ST - ZIP	FORT LAUDERDALE FL 33315	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	Mahmoud, SAAD
1.3 STREET ADDRESS	15970 W. SR 84 #184
1.4 CITY - ST - ZIP	Ft Lauderdale FL 33326
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 if changed, or on an attachment with an address

SIGNATURE: *Saad A. Mahmoud* / president 11/17/97

954-389-4499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)