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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000976

FILED Jun 24, 1999 8:00 am Secretary of State

06-24-1999 90022 007 ***150.00

1. Corporati	ion Name	•	. , — .	. , -			
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Principal Pla	ace of Business	Mailing Addres			 		
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PON	npano Bea	ch,H	330	69	DO NOT WRITE IN T	HIS SPACE	
	•	Į.		,	3. Date incorporated or Qualified		
2. Principal	Place of Business	2a. Mailing Ad	dress		4. FEI Number		plied For
21		26			105-1063399	1 ~ -	t Applicable
Suite, Apr	t. #, etc.	Suite, Apt.	#. etc.			\$8.75	
22		27			5. Certifcate of Status Desired	Fee Re	
City & Sta	ate	City & State	 e		6 Floation Compaign Financias		
23			1		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	- Country	Zip -		Country			o rees
24	25	29	30		This corporation owes the current year Personal Property Tax.		□No
	9. Name and Address of Curren	1			10. Name and Address of New Register		
1-10	a C-16010+1	t registored Agen		81 Name	To. Haine and Address of New Negister	ed Agent	
$\mathcal{O}_{\mathcal{O}}$	n Colopiny	0-1-6	2				
100	o west me	1 ab =	400C)	82 Street /	Address (P.O. Box Number is Not Acceptable)		
・杜フ	210	<i>~</i> .					
77	and bear	ch El	3304	<i></i>			
ron	mpano i	\bigcirc	<i></i>	84 City		85 Zip C	ode
					F	LI	J
11. Pursuan	t to the provisions of Sections 607.050	2 and 607.1508, Flo	rida Statutes, t	he above-named o	corporation submits this statement for the purpose	of changing its	registered
agent. I a	am familiar with, and accept the obligat	tions of, Section 607	nge was autho '.0505, Florida	rized by the corpo Statutes.	ration's board of directors. I hereby accept the ap-	oointment as reg	gistered
SIGNATURE			·				
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable	(NOTE: Regi	stered Agent signature re	quired when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	President		DELETE	1,1 TITLE		☐ Change	☐ Addition
NAME	Dona Colode	7 1/		1.2 NAME			Ì
STREET ADDRESS	51000 west v	Shanan	Rom	1.3 STREET ADDRESS			i
CITY-ST-ZIP	Com rang ba	16 B 33	OLA!	1.4 CITY-ST-ZIP			{
TITLE	Servetonilla			2.1 TITLE		☐ Change	Addition
NAME	0.4	CUSURER		2.2 NAME			
	INTO ANY SE	unces					
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CITY-ST-ZIP	Pompano read	NIT 33		2.4 CITY-ST-ZIP			<u> </u>
TITLE				3.1 TITLE		Change	Addition
NAME	-	-		3.2 NAME			ļ
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CITY-ST-ZIP				34. CITY-ST-ZIP			
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NAME			j.	4. 2 NAME			
STREET ADDRESS	s		Į.	4.3 STREET ADDRESS			
CITY-ST-ZIP		_	, I.	4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE		☐ Change	Addition
MANAGE		□ :	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.1 17700			
NAME			1	5.2 NAME			
			!	i i			
STREET ADDRESS	6			5.2 NAME			
STREET ADDRESS	5] !	5.2 NAME 5.3 STREET ADDRESS		☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE	5		DELETE 6	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETE 6	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 3.2 NAME			
STREET ADDRESS CITY-ST-ZIP TITLE			PELETE 6	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE			

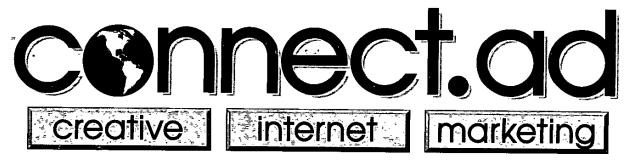
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4/28/97 964-94Z-5070
Date Date Dayline Phone #

22E034 (11/98)



P95000097202 579763-90022-7

April 28, 1999

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Division of Corporations Representative,

Please note that I am unable to locate the corporate annual report for my organization, Connect.Ad, Services, Tax ID#65-0633996. I called your office and requested that a copy of the report be mailed to my attention, however, I have not received it to date. All of the corporate information remains the same. Please find enclosed the payment of \$150 for renewal. Thank you for your cooperation.

Sincerely,

Ruth Ann Saunders Secretary Treasurer