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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000000040

CONNIE'S CONDO CONNECTION, INC.

Principal Place	e of Business	Maili	ng Address				_	\$ 180 (100) (10 JOLES DIVIL BRITT DOT	II ap ili abili i		
8833 FRONT BCH . PANAMA CITY BCH FL 32407 US			8833 FRONT BCH PANAMA CITY BCH FL 32407 US				DO NOT WRIT	E IN THIS	SPACE		
								Date Incorporated or Qualifed 12/21/1995			
2. Principal Pl	ace of Business	2a. M	Mailing Address			•	4. F	FEI Number		Α	pplied For
21		26						<u>59-335 134 1</u>			ot Applicable
Suite, Apt.	#, etc.	27 8	Suite, Apt. #, etc.				5. 0	Certifcate of Status Desired	. 🗆		Additional Required
City & State	0	28	City & State					Election Campaign Financing Trust Fund Contribution	□ .	•	May Be to Fees
Zip	Country	-	ip	Cour	itry		8. 1	This corporation owes the curre	ent year Int	angible	
24	25	29		30				Personal Property Tax.		Yes	□No
	9. Name and Address of Current	ıt Register	red Agent			-	10. I	Name and Address of New R	egistered	Agent	
DAD	NILIE CONCTANCE				81	Name .		•			
BARNHILL, CONSTANCE 8833 FRONT BEACH ROAD					82	Street Addr	ress (P.0	O. Box Number is Not Accepta	ble)		
PAN	AMA CITY BEACH FL 32407				83			<u> </u>			
				}	84	City		£14*	FI	85 Zip	Code
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida.	. Such change was a	authorized	by th	named corp he corporatio	poration ion's boa	submits this statement for the and of directors. I hereby accept	purpose of t the appoi	changing it ntment as r	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agent									•	
	•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	: Registered A	kgent s	signature require			DATE		
12.	OFFICERS AN		TORS	13.		signature require		nstating) DDITIONS/CHANGES TO OFF			
	DOFFICERS ANI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13 .	.E	signature require				D DIRECT	
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12.	D BARNHILL, CONSTANCE 7813 NO. LAGOON DRIVE 1D	ID DIRECT	TORS	13. 1.1 TITU 1.2 NA 1.3 STF	E ÆET A	ADDRESS					
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP