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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000016633 (5)

**EXPRESS CONNECTION TRADING COMPANY** 

FILED May 05 1997 8:00am Secretary of State



Principal Place of Business Mailing Address  12115 ROCKWELL WAY  BOCA RATON FL 33428 BOCA RATON FL 33428-4629					3. Date Incorporated or Qualified 3a. Date of Last Report 02/21/1996					
2. Principal Place of Business 1 5 4 3 1 N W . 72 AVENUE 26 5 43 1 NW					72 AVENUE		4. FEI Number 65-064910	Ł	J	pplied For
Suite, Apl. #, etc.	AVENUE		1431 Nu		<u> </u>	ENDE	63 064710	2		lot Applicable
2		27 117 201					5. Certificate of Status Desired	Fee Req		Additional lequired
City & State  23 MiAMI FL	on: No		ity & State Mi Ahi			n i DA	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
	untry	Z		Co	untr		8. This corporation has liability for it			
24 33166 25		29	37166	30				Yes [		-, (••
	dress of Current F	register	ed Agent		T		10. Name and Address of New Re-	lstered	Agent	
WORTHINGTON, HAR	VEY		<del></del>		81	Name				
12115 ROCKWELL WAY					82	Ctropt A	rone (B.O. Boy Number is Not Assessed	ia\		
BOCA RATON FL 33428					102	On set WOO!	ress (P.O. Box Number is Not Acceptab	ia)		
					83				•	
					34	City		FL	85 Zip	Code
SIGNATURE Signature, typed or protoid	name of registered agent a	and title if ap	pplicable				tion's board of directors. I hereby acception and the second acception acception acception and the second acception	DATE		
12.	OFFICERS AND D	DIRECTO		13			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE D			DELETE	1.11	TIT_E	ļ			Change	Addition
NAME WORTHINGTON				1.2	NAME	İ				
STREET ADDRESS 12115 ROCKW				1.33	STALE	T ADDRESS				
CITY-ST-ZIP BOCA RATON	FL 33428					ST-ZIP		,		
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NAME.				P -	WW					
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1				5.41	CITY.	ST-7/P				
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CITY-ST-ZIF TITLE			DELETE	6.1	ritue	ST-ZIP			☐ Change	Addition
CITY-ST-ZIF TITLE NAME			☐ DELETE	6.1	PITLE NAME				☐ Change	Addition
CITY-ST-ZIF TITLE			DELETE	6.1 6.2 6.3	TITLE NAME STABE	ST-ZIP  I ADDRESS  ST-ZIP			☐ Change	Addition

4. I do hereby certify that the information supplied with this filing coses 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 deport 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 adoces.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LINE MORE THING PRINTED

305-885-539