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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000020942

1. Corporation Name

OWEDIO	A AMEDICAN CONNECTIO	/Ni. INC.				1 `		
Oringinal Place	ce of Business	Mailing Address				-{	I LUBAL BURALU JULIA	01010 1 01
45 W AUDREY	1	808 DAWN LANE						
FT WALTON BCH FL 32548 DESTIN FL 32541								
US US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		_
						03/07/1996		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	A	oplied For
21		26				59-336879 5	N	ot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		- 27		. سي			Fee R	equired
City & Sta	ite	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zíp	Country	Zip	Col	untry		8. This corporation owes the current year le		✓
24	25	29	30			Personal Property Tax.	Yes	XINo
	9. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New Registered	Agent	
HUU	OPER, CHRISTI			81	Name			
	COUNTRY CLUB DRIVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	-	
						· · · · · · · · · · · · · · · · · · ·	_	_
UES	TIN FL 32541			83				
				84	City		85 Zip	Code
				"	City	F.		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Str	atutes, the a	above	-named corpo	pration submits this statement for the purpose of	f changing its	registered
office of a	registered agent, or both, in the State app familiar with, and accept the oblig	a of Florida. Such change wa artions of, Section 607,0505.	s autnonze	a by i tutes.	the corporation	n's board of directors. I hereby accept the appo)	gistered
SIGNATURE	LICHMOND DE		TRIST		HOOPE	R VICE-Prop. 1-	-23-	99
SIGNATURE	Signature, typed or printed name of registered ag			•	t signature required	when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	_	
TITLE	D	☐ DELETE	1.1 Ti	TILE			Change	☐ Addition
NAME	STENBERG, NILS E		1.2 N	IAME				
STREET ADDRESS	808 DAWN LANE	•	1.3 8	TREET	ADDRESS			
CITY-ST-ZIP	DESTIN FL 32541		140					
TITLE	D		1.4 0	CITY-ST	-ZIP			
NAME		☐ DELETE			-ZIP		Change	Addition
STREET ADDRESS	HOOPER, A. CHRISTIAN	☐ DELETE	2.1 Π		-ZIP		Change	☐ Addition
CITY-ST-ZIP		☐ DELETE	2.1 TI 2.2 N	TTLE VAME	ADDRESS		Change	☐ Addition
	COC DAMAN LAND	□ DELETE	2.1 TI 2.2 N 2.3 S	TTLE VAME	ADORESS		☐ Change	☐ Addition
TITLE	808 DAWN LANE	DELETE	2.1 TI 2.2 N 2.3 S 2.4 C	TTLE NAME STREET CITY-S	ADORESS		☐ Change	Addition
TITLE NAME	808 DAWN LANE		2.1 TI 2.2 N 2.3 S 2.4 C	TILE NAME STREET CITY ST	ADORESS			
NAME	808 DAWN LANE DESTIN FL 32541-		2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N	TTLE STREET CITY-S TTLE IAME	ADORESS			
NAME STREET ADDRESS	808 DAWN LANE DESTIN FL 32541-		2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	TTLE STREET CITY-S' TTLE LAME STREET	ADDRESS T-ZIP ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP	808 DAWN LANE DESTIN FL 32541-		2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C	TTLE STREET CITY-S TTLE HAME STREET CITY-SITREET	ADDRESS T-ZIP ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE	808 DAWN LANE DESTIN FL 32541-		2.1 TI 2.2 N 2.3 S 2.4 G 3.1 TI 3.2 N 3.3 S 3.4 G	TTLE STREET CITY-S' TTLE MAME STREET CITY-S' TTLE	ADDRESS T-ZIP ADDRESS		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	808 DAWN LANE DESTIN FL 32541-		2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N	TITLE CITY-S' TITLE VAME STREET CITY-SI TITLE NAME	ADDRESS T-ZIP ADDRESS T-ZIP		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	808 DAWN LANE DESTIN FL 32541-		2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S	TILE VAME STREET CITY-S' TILE VAME STREET CITY-SI TILE NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	808 DAWN LANE DESTIN FL 32541-	DELETE	2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C	TILE VAME STREET CITY-ST TILE CITY-SI TILE NAME STREET CITY-SI CITY-SI	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		Change	Addition ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	808 DAWN LANE DESTIN FL 32541-		2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C	TILE STREET CITY-ST TILE MAME STREET CITY-ST TILE NAME STREET CITY-ST TILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	808 DAWN LANE DESTIN FL 32541-	DELETE	2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N	TITLE STREET COTY-S' TITLE NAME STREET COTY-SI TITLE NAME STREET COTY-SI TITLE NAME STREET COTY-SI TITLE NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP		Change	Addition ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	808 DAWN LANE DESTIN FL 32541-	DELETE	2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S	TITLE STREET CITY-S' TITLE LAME STREET CITY-SI TITLE NAME STREET TITLE NAME STREET TITLE VALUE STREET STREET STREET STREET STREET STREET STREET STREET STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP		Change	Addition ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	808 DAWN LANE DESTIN FL 32541-	DELETE	2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S	TITLE WAME STREET CITY-S' TITLE WAME STREET STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP		☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	808 DAWN LANE DESTIN FL 32541-	DELETE	2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S	TITLE WAME STREET CITY-S' TITLE WAME STREET CITY-SI TITLE WAME STREET CITY-SI TITLE WAME STREET WAME TITLE WAME TITLE WAME WAT WAT WAT WAT WAT WAT WAT WAT	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP		Change	Addition ☐ Addition

CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

850-837-3/55

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90193 001 ***150.00

CR2E034 (11/98)