

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000034309 (0)

1. Corporation Name
2CONNECT EXPRESS, INC.



Principal Place of Business
2601 S. BAYSHORE DRIVE, SUITE 1600
C/O A Z REGISTERED AGENT CORPORATION
MIAMI FL 33133

Mailing Address
2601 S. BAYSHORE DRIVE, SUITE 1600
C/O A Z REGISTERED AGENT CORPORATION
MIAMI FL 33133-5413

3. Date Incorporated or Qualified 04/19/1996	3a. Date of Last Report —
4. FEI Number 65-0674664	Applied For Not Applicable
6. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1700 NW 65 TH AVE Suite, Apt. #, etc. 22 Ste. 4 City & State 23 PLANTATION, FL Zip 24 33313 Country 25 USA	2a. Mailing Address 26 1700 NW 65 TH Suite, Apt. #, etc. 27 Ste. 4 City & State 28 PLANTATION, FL Zip 29 33313 Country 30 USA
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9. Name and Address of Current Registered Agent

A Z REGISTERED AGENT CORPORATION
2601 S. BAYSHORE DRIVE, SUITE 1600
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	C/P.
STREET ADDRESS		1.3 STREET ADDRESS	MARC. D. FISHMAN
CITY-ST-ZIP		1.4 CITY-ST-ZIP	1700 NW 65 TH AVE, STE. 4 PLANTATION, FL 33313
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	JEFF MANLY
STREET ADDRESS		2.3 STREET ADDRESS	1700 NW 65 TH AVE, STE. 4
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	STEVE STEDMAN
STREET ADDRESS		3.3 STREET ADDRESS	6200 37 TH CT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DAVIE, FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	KEVIN KILLDRAH
STREET ADDRESS		4.3 STREET ADDRESS	1700 NW 65 TH AVE, STE. 4
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DAVID COLBY
STREET ADDRESS		5.3 STREET ADDRESS	2821 SOUTH PARKER RD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	AURORA, CO 80014
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	(CONTINUED ON ATTACHED SHEET)
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Steve Stedman 4/30/97 (954) 797-7960

CR2E034 (9/96)

Continuation sheet for Item 13 (Additions/changes to Officers and Directors in 12)

6.1 TITLE D
6.2 NAME LYNN TILTON
6.3 STREET ADDRESS 5814 NW 35TH WAY
6.4 CITY-ST-ZIP BOCA RATON, FL 33496

☒ Addition

7.1 TITLE D
7.2 NAME ARNOLD JAFFEE
7.3 STREET ADDRESS 2601 S. BISCAYNE BLVD. SUITE 1600
7.4 CITY-ST-ZIP MIAMI, FL 33133

☒ Addition

8.1 TITLE D
8.2 NAME IRA NEIMARK
8.3 STREET ADDRESS 7 ROLLING HILLS LANE
8.4 CITY-ST-ZIP HARRISON, NY 10528

☒ Addition