

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

FILED
Mar 12 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

1700 NW 65TH AVE
SUITE 4
PLANTATION FL 33313
US

Mailing Address

1700 NW 65TH AVE
SUITE 4
PLANTATION FL 33313
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

4. FEI Number

65-0674664

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME CP
FISHMAN, MARC D
STREET ADDRESS 1700 NW 65TH AVE STE
CITY-ST-ZIP PLANTATION FL 33313

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME D
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME V
MANLY, JEFF
STREET ADDRESS 1700 NW 65TH AVE, STE4
CITY-ST-ZIP PLANTATION FL 33313

2.1 TITLE PD
2.2 NAME THOMAS HICKS
2.3 STREET ADDRESS 1700 NW 65TH AVE., STE 4
2.4 CITY-ST-ZIP PLANTATION, FL 33313

TITLE ☐ DELETE
NAME S
KILLORAN, KEVIN
STREET ADDRESS 1700 NW 65TH AVE, STE 4
CITY-ST-ZIP PLANTATION FL 33313

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
COLBY, DAVID
STREET ADDRESS 2021 SOUTH PARKER ROAD -
CITY-ST-ZIP AURORA CO 80014

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 1700 NW 65TH AVE., STE 4
4.4 CITY-ST-ZIP PLANTATION, FL 33313

TITLE ☒ DELETE
NAME V
STEDMAN, STEVE
STREET ADDRESS 6200 37TH CT
CITY-ST-ZIP DAVIE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME D
TILTON, LYNN
STREET ADDRESS 5814 NW 35TH WAY
CITY-ST-ZIP BOCA RATON FL 33496

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

TH H H S

Thomas Hicks

3-5-98

954-797-7960

CP2E034 (10/97)