02231999-90098-010-$158.75-$158.75

**FILED**
**Feb 23, 1999 8:00 am**
**Secretary of State**
02-23-1999 90098 010 ***158.75

PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000034309**

1. Corporation Name
2CONNECT EXPRESS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1700 NW 65TH AVE<br>SUITE 4<br>PLANTATION FL 33313<br>US | 1700 NW 65TH AVE<br>SUITE 4<br>PLANTATION FL 33313<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/19/1996

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 2055 LAKE AVE. | 26 2055 LAKE AVE |
| Suite, Apt. #, etc.<br>22 Suite A | Suite, Apt. #, etc.<br>27 Suite A |
| City & State<br>23 LARGO, FL | City & State<br>28 LARGO, FL |
| Zip / Country<br>24 33771 — 25 USA | Zip / Country<br>29 33771 — 30 USA |

4. FEI Number: 65-0674664 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax: ☑ Yes ☐ No

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: CHRISTOPHER NORMAN
82 Street Address (P.O. Box Number is Not Acceptable): 315 South HYDE PARK BLVD.
83
84 City: TAMPA FL 85 Zip Code: 33606

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: Christopher H. Norman — 3/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☑ DELETE | 1.1 TITLE | CEO, D | ☐ Change ☑ Addition |
| NAME | FISHMAN, MARC D | | 1.2 NAME | McGINNIS, Robert L. | |
| STREET ADDRESS | 1700 NW 65TH AVE STE | | 1.3 STREET ADDRESS | 7090 Hidden Acres Way | |
| CITY-ST-ZIP | PLANTATION FL 33313 | | 1.4 CITY-ST-ZIP | SEMINOLE, FL 33772 | |
| TITLE | PD | ☑ DELETE | 2.1 TITLE | Pres., D, S | ☐ Change ☑ Addition |
| NAME | HICKS, THOMAS | | 2.2 NAME | RALPH, JAMES | |
| STREET ADDRESS | 1700 NW 65TH AVE, STE 4 | | 2.3 STREET ADDRESS | 14949 113TH AVE NO. | |
| CITY-ST-ZIP | PLANTATION FL 33313 | | 2.4 CITY-ST-ZIP | LARGO, FL 33774 | |
| TITLE | S | ☑ DELETE | 3.1 TITLE | D | ☐ Change ☑ Addition |
| NAME | KILLORAN, KEVIN | | 3.2 NAME | HOLBROOK, JAMES | |
| STREET ADDRESS | 1700 NW 65TH AVE, STE 4 | | 3.3 STREET ADDRESS | 1901 6TH AVE No. | |
| CITY-ST-ZIP | PLANTATION FL 33313 | | 3.4 CITY-ST-ZIP | BIRMINGHAM, AL 35203 | |
| TITLE | D | ☑ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | COLBY, DAVID | | 4.2 NAME | | |
| STREET ADDRESS | 1700 NW 65TH AVE, STE 4 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PLANTATION FL 33313 | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (11/98)

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.

**SIGNATURE:** Robert McGinnis — 1/15/99 — (727) 584-7902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #