SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000043266 (1)

D3 CONNECTIONS, INC.

cipat Place of Business	Mailing Address		
O NORTHWEST 98 DRIVE	5170 NORTHWEST 98 DRIVE		
RAL SPRINGS FL 33076	CORAL SPRINGS FL 33076		

FILED Aug 15 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			+! \$0 4/4 0 14 00 6111 6 140/0 0 4410 0 411 4 0 <i>6</i>	
5170 NORTHWEST 98 DRIVE		5170 NORTHWEST 98 D	RIVE			
CORAL SPRINGS FL 33076		CORAL SPRINGS FL 330				
1				DO NOT WRITE		
				3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal F	Place of Business	2a. Mailing Address		05/21/1996 4. FEI Nymber	<u> </u>	
21	ace of Dusiness	26 Waning Address		65-0668474	Applied For	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		\$0.7E		
22	.,	27		Certificate of Status Desired	Fee Required	
I City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 28		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has pai		
24	25	29	30	Personal Property Tax due June		
<u></u>	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Reg	listered Agent	
AMERILAWYER CHARTERED 81 Name Days				David W. Weiss		
343 ALMERIA AVENUE			82 Street A	deless (P.O. Box Number is Not Acceptable	<u>a)</u>	
CORAL GABLES FL 33134				517070008875	~'	
83						
			84 City			
			' {	oral Sonne	FL 85 Zip Code 3307/a	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above named correction submits this advanced for the pursuant for the pu						
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	Wilman	Wein		8/10/97		
Signature, typed in printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when religibilities) DATE						
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	PD DATED W	☐ DELETE	1,1 TITLE		☐ Change ☐ Addition	
NAME	WEISS, DAVID W	_	1.2 NAME			
STREET ADDRESS	5170 NORTHWEST 98 DRIV	=-	1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33076		1.4 CITY-ST-ZIP			
TITLE	STD	DELETE	2.1 TITLE		Change	
NAME	WEISS, DEBORAH C	_	2.2 NAME		ļ	
STREET ADDRESS	5170 NORTHWEST 98 DRIV		23 STHEET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33078		2 4 CITY-ST-ZIP			
TITLE		☐ DELET E	3.1 TITLE	. "	Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		T 12. 22-	3.4. CITY - \$T - 2IP			
TITLE		L.) DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	***	/	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	<u> </u>		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		1	
CITY-ST-ZIP			6.4 CITY-S1-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 logal 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 chapted, or on an attachment with an address.

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