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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000043266 (1)

D3 CONNECTIONS, INC.

Country

I micipal made of Edsiness
5170 NORTHWEST 98 DRIVE
CORAL SPRINGS FL 33076

2. Principal Place of Business

City & State

SIGNATURE:

24

Mailing Address

2a. Mailing Address

City & State

29

Suite, Apt. #, etc

5170 NORTHWEST 98 DRIVE CORAL SPRINGS FL 33076

FILED Feb 10 1998 8:00am Secretary of State



800 202 0099

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

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/21/1996

65-0668474

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

4. FEI Number

5170 NW 98 DR CORAL SPRINGS FL 33076					10, Haille and Address of New Hegistered A	your			
					81 Name				
					82 Street Address (P.O. Box Number is Not Acceptable)				
					83				
					84 City 85 Zip Code				
				City	FL	Lip'			
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 typicit or pointed name of registered agent and introducing six able. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	Stgrighter typind or profited name of registers Lagent and life of applicable OFFICERS AND DIRECTORS		slered Age 13.	ni signature	ADDITIONS/CHANGES TO OFFICERS AND	DIDECTOR	OC IN 12		
TITLE			I.1 TITLE			Change	Addition		
NAME	WEISS, DAVID W		1.2 NAME		•				
STREET ADDRESS	CARE MODELLING OF DOUG		.3 STREET	ADDRESS			i		
	CODAL CODINGO EL GOAZO						1		
CITY-ST-ZIP TITLE			1.4 CITY - S 2.1 TITLE	1-ZIP		Change	Addition		
NAME	WEISS, DEBORAH C	_	2.2 NAME		•				
STREET ADDRESS	5170 NORTHWEST 98 DRIVE			ADDOLOG					
	COMMISSION TO ASSESS		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				1		
CITY-ST-ZIF TITLE			2. 4 UII T - S 3.1 TITLE	51-21P		Change	Addition		
NAME			3.2 NAME			•			
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			1.4. CITY+S						
TITLE			1.1 TITLE			Change	Addition		
NAME		4	4 2 NAME			_			
STREET ADORESS		4	13 STREET	ADDRESS					
CITY-ST-ZIP			4 CITY-S	- 1					
TITLE	I		1 TITLE			Change	Addition		
NAME			5 2 NAME						
STREET ADDRESS		5	3 STREET	ADDRESS			f		
City-ST-ZIP		5	.4 CITY - S	T-ZIP					
TITLE		DELETE 6	S.1 TITLE			Change	Addition		
NAME		. 6	6.2 NAME	ľ			1		
STREET ADDRESS		Į e	63 STREFT	ADDRESS					
CITY-ST-ZIP		6	4 CITY-S	T-ZIP					
14. Thereby 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 supplicmental 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									
office 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 yor on an attachment with an address									

Country

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