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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081197 (1)

DAVID Y.W. HO & COMPANY, P.A.

FILED Mar 14 1997 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Add	ress	•		T TORREDDE THE HOLE DELICE DUTTE DUTTE DUTTE DUTTE DUTTE DUTTE TO THE FORTE HOLD TORREDDE			
Principal Place of Business W CHARLES C. KRAWCZYK. ESO. 100 RIALTO PLACE. SUITE 732 MELBOURNE FL 32801 2. Principal Place of Business		% CHARLES	% CHARLES C. KRAWCZYK, ESO. 100 RIALTO PLACE, SUITE 732 MELBOURNE FL 32901-3071						
						3. Date Incorporated or Qualified 09/30/1996	3a. D	ate of Last F	Report
		2a. Mailing A				4. FEI Number		A	pplied For
21		26	26			59-34054	12	N	ot Applicabl
Suite, Apt. #, etc.		h in	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			City & State			6. Election Campaign Financing	ing \$5.00 May Be		
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Country	/	8. This corporation has liability for			s. 199.032,
4	9. Name and Address of Curr	29 ent Registered Age	30	T		Florida Statules 10. Name and Address of New Re	Yes		
CAF	PITAL CONNECTION, INC.			81	Name				
	E. VIRGINIA ST.			82	Street Aric	Fress (P.O. Box Number is Not Accepta	blo)		····-
STE				02	SIEULAGO	ress (r.o. box number is not Accepta	DIC)		
TAL	LAHASSEE FL 32301-1283			83					
				84	Crty			85 Zip	Code
	<u> </u>					rporation submits this statement for the	<u> FL</u>	-	
SIGNATURE	Signature, typed or printed name of trigistic ed a OFF ICERS A	ND DIBLOTORS		gisterod Age	ni signature requ	ared when rains along) ADDITIONS/CHANGES TO OFFI	DATE CERS ANI		RS IN 12
TITLE	D		DELETE	1.1 THE				Change	Addition Addition
NAME	KRAWCZYK, CHAARLES C	'an	ľ	1.2 NAME					
STREET ADDRESS	100 RIALTO PLACE, SUITE 7 MELBOURNE FL 32901	32	ļ	1.3 STREET	1				
CITY-ST-ZIP	MELDOONIAL I L OSOVI	-	DECETE	1.4 CHY- 5 2.1 TITLE	51-7IP			Change	Addition
NAME		_		22 NAME					
STREET ADDRESS				2.3 STREE?	ADDRESS				
CITY-ST-ZIP				2.4 CTY-	ST-ZIP				
TITLE] priete	3.1 THLF				Change	Addati
NAME				3.2 NAME	4000500				
STREET ADDRESS City-St-21p				3.3 STREET 3.4. CHY-1					
TITLE			DELETE	4.1 HILE	31-7.11		·····	Change	Additio
VAME				4 2 NAME					
TREET ADDRESS			1	4.3 STREET	ADDRESS				
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ITLE		L.) DELETE	5.1 TITLE	\			Change	Addition
IAME Street address				5.2 NAME 5.3 STREET	ADDRESS				
STREET AUDRESS				9.5 STREET 9.4 CHY+S					
TILE	 			2.4 GH 1 / 2	d · ZIP – T				
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			DELFTE.		11 - 2112			Change	Additio
NAME STREET ADDRESS	•) barit	61 INLE				Change	Additio

information indicated on this armual respired was missing odes not quarity for the exchiption stated in Section 1-30/(3/1), Folida Statutes. Internet certify that the information indicated on this armual resport 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 trustce 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.