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

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08 1998 8:00 am
Secretary of State

DOCUMENT #P96000097997

1. Corporation Name
CONNECTEES, INC.

Principal Place of Business
8816 BAYAUD DRIVE
TAMPA, FL. 33626

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/96

2. Principal Place of Business
21 15518 GRANBY PLACE
Suite, Apt. #, etc. 22
City & State 23 TAMPA FL
Zip 24 33624 Country 25

2a. Mailing Address
26 15518 GRANBY PLACE
Suite, Apt. #, etc. 27
City & State 28 TAMPA FL
Zip 29 33624 Country 30

4. FEI Number: 59-3420089 ☐ 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
KOMINSKY, JAY S.
8816 BAYAUD DRIVE
TAMPA, FL. 33626

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 15518 GRANBY PLACE
83
84 City TAMPA FL 85 Zip Code 33624

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	KOMINSKY, JAY S.		1.2 NAME		
STREET ADDRESS	8816 BAYAUD DRIVE		1.3 STREET ADDRESS	15518 GRANBY PLACE	
CITY-ST-ZIP	TAMPA, FL. 33626		1.4 CITY-ST-ZIP	TAMPA FL 33624	
TITLE	STD	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	KOMINSKY, MARY ANN		2.2 NAME		
STREET ADDRESS	8816 BAYAUD DRIVE		2.3 STREET ADDRESS	15518 GRANBY PLACE	
CITY-ST-ZIP	TAMPA, FL. 33626		2.4 CITY-ST-ZIP	TAMPA FL 33624	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ 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			5.4 CITY-ST-ZIP		JCS/11
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	200002523572	
STREET ADDRESS			6.3 STREET ADDRESS	-05/14/98--01060--002	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	

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: _____ 4-28-98 813-969-1922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)