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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000097997

1. Corporation Name

CONNECTEES, INC.

Principal	Place	of	Вι	rsine	ess

Mailing Address

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90074 027 ***150.00



H		1		I	l	III	k	Ш	I	III	I		Ш	H	Ш	I	Ш	ı	ı	

15518 GRANBY PLACE TAMPA FL 33624	15518 GRANBY PLACE TAMPA FL 33624		DO NOT WRITE IN THIS SPACE								
				3. Date Incorporated or Qualifed 12/02/1996							
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	L	Applied For					
1	26			59-3420089		Not Applicable					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	.75 Additional —— ee Required					
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	• -	5.00 May Be ided to Fees					
Zip Country	Zip Co	untry	_	This corporation owes the current year Personal Property Tax.	Intangible Ye:						
9. Name and Address of	Current Registered Agent	\Box	10. Name and Address of New Registered Agent								
KOMINSKY, JAY S		81 82	_	ss (P.O. Box Number is Not Acceptable)		<u></u>					
15518 GRANBY PLACE		02	Office Addition (c.o. Dox realization in Not According)								
TAMPA FL 33624		83									
		84	City	F	L 85	Zip Code					
office or registered agent, or both, in the	07.0502 and 607.1508, Florida Statutes, the State of Florida. Such change was authorize obligations of, Section 607.0505, Florida Sta	ed by	the corporation	ration submits this statement for the purpose o's board of directors. I hereby accept the app	of changi ointment	ng its registered as registered					

SIGNATURE						
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature re			20 (1) 40
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD ·	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	KOMINSKY, JAY S		1.2 NAME			
STREET ADDRESS	15518 GRANBY PLACE		1.3 STREET ADDRESS	•		
CITY-ST-ZIP	TAMPA FL 33624		1,4 CITY-ST-ZIP	<u> </u>		
шп	STD	☐ DELETE	2.1 TITLE	•	☐ Change	☐ Addition
NAME	KOMINSKY, MARY ANN		2.2 NAME	,		•
STREET ADDRESS	15518 GRANBY PLACE		2.3 STREET ADDRESS	` ₽ = ·	~-	,
CITY-ST-ZIP	TAMPA FL 33624		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITUE		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	1	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			

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 supplimental 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: _

813-969-1922