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

DOCUMENT # P97000045832 (7)

CONNEX DEVELOPMENT CORPORATION

FILED May 06 1998 8:00am Secretary of State



Principal	Place of busines	ing Address			1								
9812 SAGO POINT DR LARGO FL 33777				9812 SAGO POINT DR LARGO FL 33777					DO) not wri	TE IN THIS S	PACE	
							<u> </u>	. Date Inc	corporated	or Qualified	1		
							"	05/22	•				1
6 Princi	nal Diace of Busi	nors	2a. N	Mailing Address			- 	FEL Nun	- L			Ι ΙΔ	pplied For
_	2. Principal Place of Business			hang "				. FEI Nuo	76.7	<u> 456</u>	: 2		
21				26 Suite Ant # etc					- 74	776	,		ot Applicable
22 Suite,	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifica	ate of Statu	s Desired	X.		Additional equired
City & State City & Sta								s. Election	Campaigr	Financing		\$5.00	May Be
23				28				Trust Fu	ind Contrib	ution			to Fees
Zip		Country Zip				у	8	. This cor	poration of	ves or has i	oaid the curr	ent year In	tangible
24		25 29			30			Personal Property Tax due June 30. 🔲 Yes 🗾 No					
9. Name and Address of Current Registered Agent							10				legistered #	gent	
			•		8	Nam							
KRUG, ROBERT ESQ.													
4010 BOY SCOUT BLVD							t Address ((P.O. Box	Number is	Not Accept	able)		
SUITE 590													
TAMPA FL 33607						3							
					8	City						85 Zip	Code
					•	• Ony					FL	00 Lip	OCCE
11 Purs	uant to the provis	sions of Sections 6	07.0502 and 607	7.1508, Florida Statu	ites, the abo	ve-name	d corporati	ion submit	s this state	ment for the	purpose of	changing	its registered
offic	e or registered a	gent, or both, in the	State of Florida	Such change was Section 607.0505, F	authorized t	y the co	propration's	board of	directors. I	hereby acc	ept the appo	ointment as	registered
age	nt. I am familiar w	ith, and accept the	obligations of,	Section 607,0505, F	iorida Statuti	98.							
SIGNATI	URE												
	Signature, type	d or printed name of regis			TE: Registered A	gent signati	ire required wh				DATE	2.222	55.00
12.		OFFICE	RS AND DIRECT		13.		10/0	ADDITIO	NS/CHANC	ES TO OFF	ICERS AND		
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44 i ho	env certify that the	ne intormation écol	sued with this lifti	no does not qualify	IOUTH AYEN	ntion sta	irea in Sect	uon 1190)	risini Elori	na Statutes	. i turthet ce	rury toet th	e intormation I

Indicated on this annual report or supplierental angular 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 receipt 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: