

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

FILED

Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P97000058368 (6)

1. Corporation Name
I.T. CONNEXIONS, INC.

Principal Place of Business
2455 HOLLYWOOD BOULEVARD
SUITE 206
HOLLYWOOD FL 33020

Mailing Address
2455 HOLLYWOOD BOULEVARD
SUITE 206
HOLLYWOOD FL 33020



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1997

4. FEI Number

65-0767744

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

2. Principal Place of Business
21 2500 Hollywood Blvd
Suite, Apt. #, etc.
22 Suite 301
City & State
23 Hollywood, FL
Zip
24 33020
Country
25 USA

2a. Mailing Address
26 2500 Hollywood Blvd
Suite, Apt. #, etc.
27 Suite 301
City & State
28 Hollywood, FL
Zip
29 33020
Country
30 USA

9. Name and Address of Current Registered Agent

MAYER, ROBERT H
2500 ~~2455~~ HOLLYWOOD BOULEVARD
SUITE ~~206~~ 301
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

Robert H. Mayer, President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAYER, ROBERT H	
STREET ADDRESS	2455 HOLLYWOOD BOULEVARD, SUITE 206	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	<i>President</i>	<input type="checkbox"/> DELETE
NAME	<i>Robert H. Mayer</i>	
STREET ADDRESS	<i>2500 Hollywood Blvd, Ste 301</i>	
CITY-ST-ZIP	<i>Hollywood, FL 33020</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>Robert H. Mayer</i>	
1.3 STREET ADDRESS	<i>2500 Hollywood Blvd, Ste 301</i>	
1.4 CITY-ST-ZIP	<i>Hollywood FL 33020</i>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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:

Robert H. Mayer

3/12/98

951-923-9020

CR2E034 (10/97)