


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

FILED  
May 07 1998 8:00am  
Secretary of State

|  |   |  |  |         |                            |   |                         |    |  |         |               |             |                 |
|--|---|--|--|---------|----------------------------|---|-------------------------|----|--|---------|---------------|-------------|-----------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b>   |   | <br>FLORIDA DEPARTMENT OF STATE<br><b>Sandra S. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |         |                            |   |                         |    |  |         |               |             |                 |
| DOCUMENT # P97000100463<br>1. Corporation Name<br><p style="text-align: center;"><b>CONNECTION POINT INC.</b></p>  |   |  |  |         |                            |   |                         |    |  |         |               |             |                 |
| Principal Place of Business<br><b>#1 Rivard Raod<br/>Naples, FL 34112</b>  |   | Mailing Address<br><b>P.O. Box 8055<br/>Naples, FL<br/>34102-8055</b>  |  |         |                            |   |                         |    |  |         |               |             |                 |
| 2. Principal Place of Business<br><b>21 1 Rivard Road</b><br>Suite, Apt. #, etc.   |   | 2a. Mailing Address<br><b>26 P.O. Box 8055</b><br>Suite, Apt. #, etc.  |  |         |                            |   |                         |    |  |         |               |             |                 |
| 22 City & State<br><b>23 Naples, Florida</b>   |   | 2b. City & State<br><b>28 Naples, Florida</b>  |  |         |                            |   |                         |    |  |         |               |             |                 |
| 24 Zip<br><b>34112</b>   |   | 25 Country<br><b>USA</b>   |  |         |                            |   |                         |    |  |         |               |             |                 |
| 26 Zip<br><b>34102</b>   |   | 27 Country<br><b>USA</b>   |  |         |                            |   |                         |    |  |         |               |             |                 |
| 9. Name and Address of Current Registered Agent<br><b>Kenneth Gordon King<br/>720 Orchid Drive<br/>Naples, FL 34102</b>  |   | 10. Name and Address of New Registered Agent<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>81 Name</td> <td><b>Kenneth Gordon King</b></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td><b>720 Orchid Drive</b></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td><b>Naples</b></td> </tr> <tr> <td>85 Zip Code</td> <td><b>FL 34102</b></td> </tr> </table> |  | 81 Name | <b>Kenneth Gordon King</b> | 82 Street Address (P.O. Box Number is Not Acceptable) | <b>720 Orchid Drive</b> | 83 |  | 84 City | <b>Naples</b> | 85 Zip Code | <b>FL 34102</b> |
| 81 Name  | <b>Kenneth Gordon King</b>  |  |  |         |                            |   |                         |    |  |         |               |             |                 |
| 82 Street Address (P.O. Box Number is Not Acceptable)  | <b>720 Orchid Drive</b>   |  |  |         |                            |   |                         |    |  |         |               |             |                 |
| 83   |   |  |  |         |                            |   |                         |    |  |         |               |             |                 |
| 84 City  | <b>Naples</b>   |  |  |         |                            |   |                         |    |  |         |               |             |                 |
| 85 Zip Code  | <b>FL 34102</b>   |  |  |         |                            |   |                         |    |  |         |               |             |                 |
| 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 <i>[Signature]</i><br><small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |   | DATE <b>April 24, 1998</b>   |  |         |                            |   |                         |    |  |         |               |             |                 |
| 12. OFFICERS AND DIRECTORS   |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |         |                            |   |                         |    |  |         |               |             |                 |
| TITLE<br><b>Pres/Tres/Director</b> <input type="checkbox"/> DELETE<br>NAME<br><b>Patrick McGirl</b><br>STREET ADDRESS<br><b>260 Timberlake Cir. #F202</b><br>CITY-ST-ZIP<br><b>Naples, FL 34104</b>  | 1.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | 2.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP  |  |         |                            |   |                         |    |  |         |               |             |                 |
| TITLE<br><b>VP/Sec/Director</b> <input type="checkbox"/> DELETE<br>NAME<br><b>Bonnevier Landers</b><br>STREET ADDRESS<br><b>#1 Rivard Rd.</b><br>CITY-ST-ZIP<br><b>Naples, FL 34112</b>  | 3.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | 4.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP  |  |         |                            |   |                         |    |  |         |               |             |                 |
| TITLE<br><input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 5.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | 6.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP  |  |         |                            |   |                         |    |  |         |               |             |                 |
| TITLE<br><input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 4000002521294<br>-05/13/98--01007--027<br>***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: *[Signature]*

April 27, 1998 (941) 793-4100

CR2E03 (10-97)