## 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 FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90039 041 \*\*\*150.00

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DOCUMENT #	P98000001765

THE COLOMBIAN CONNECTION INC.

ΰ Mailing Address Principal Place of Business 714 BARNETT DRIVE 714 BARNETT DRIVE LAKEWOOD FL 33461 LAKEWOOD FL 33461

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DO NOT WRITE IN THIS SPACE

\_\_\_\_3. Date:Incorporated or Qualifed

- !	<del></del>			01/08/1998		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applie	ed For
ন ়		26		43-1164416	Not A	Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	<b>\$8.75</b> Add	
اً او		27		5. Certificate of Status Desired	Fee Requ	ired
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 Ma	ay Be
	e worth	28 Lake Wor	·TV	Trust Fund Contribution	Added to I	Fees
Zip	Country		Country	8. This corporation owes the current year !	ntangible .	_
4	25	29 30		Personal Property Tax.		No
9. Name and Address of Current Registered Agent 10. Name and Address of New					d,Agent	
<del></del>		<u> </u>	81 Name	ussa F. Vreeland	X	
ŴΟ	WOLFE, LARRY					
	HA JOHN KNOX ROAD	¥.		dress (P.O. Box Number is Not Accontable)		
	LAHASSEE FL 32303-6643		83 0.5 1 (0)	Court to to		
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		1007 4500 Florido Otor 15				distered
office or	registered agent, or both, in the State of	Florida, Such change was author	zea by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as regis	stered
agent. I	am familiar with, and accept the obligatio	ns of, Section 607.0505, Florida S	tatutes.	. \ , \ = 1	1.0100	1
SIGNATURE			_ & we		112/11	
	Signature, typed or printed name of registered agent a		ered Agent signature required		VID DIDECTOR	0.0140
12.	OFFICERS AND		13.	ADDITIONS CHANGES TO OFFICERS	Change	Addition
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NAME			5.2 NAME		1	
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STREET ADDRES	s	- w	3.3 STREET ADDRESS			
CITY-ST-ZIP	~]		3.4 CITY-ST-ZIP			
44   bereby	certify that the information supplied with	this filing does not a salify for the	exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further of	ertify that the info	ormation
indicated	d on this annual report or supplemental a	innual report is true and accurate	and that my signature	shall have the same legal effect as if made up	nder oath; that I a	ım 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: