## 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 # P98000047816

1. Corporation Name

K-CONNECTIONS INC.

Determinant	m	-6	Business
Principal	riace	OI.	business

1825 TAMIAMI TRAIL SUITE A6-105 PORT CHARLOTTE FL 33948

1825 TAMIAMI TRAIL SUITE A6-105 PORT CHARLOTTE FL 33948

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90068 009 \*\*\*150.00



DO NOT WRITE IN THIS S	SPACE			
3. Date Incorporated or Qualifed	_			
05/28/1998				
4. FEI Number		Applied For		
15-0029149		Not Applicable		

					Ĩ	05/28/1998		
2.	2. Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For	
1	15 L	26				65-0839149		Not Applicable
2	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			E Continue of Status Desired	_	75 Additional e Required
2	City & State	28	City & State					.00 May Be ded to Fees
·4	Zip Country	29	Zip Country			8. This corporation owes the current year Intangib Personal Property Tax.		□No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			81	Name				
1734 10TH WAY		82	Street Address	dress (P.O. Box Number is Not Acceptable)				
			83					
	•			84	City	FL 85	5	Zip Code
1	I. Pursuant to the provisions of Sections 607.0502	and (	507.1508, Florida Statutes, the a	bove	e-named corporal	tion submits this statement for the purpose of chan	ıgin	g its registered

office or re	to the provisions of Sections 607.0502 and 607.1508, agistered agent, or both, in the State of Florida. Such on familiar with, and accept the obligations of, Section to	change was auth	orized by the corpo	corporation submits this statement for the pration's board of directors. I hereby acc	the purpose of changing its repet the appointment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	(1012:110	13.	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTOR	RS IN 12
TITLE		☐ DELETE	111115	0	Change	Addition
NAME			1.2 NAME	M.C. KELLY 1825 TAMIAMI TR,		
STREET ADDRESS			1.3 STREET ADDRESS	1825 TAMIAMI TR,	SUITE A 6-10	>
CITY-ST-ZIP			1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL	33948	
TITLE		DELETE	2.1 TITLE		☐ Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP	الم المعالمين المعالم		
TITLE		☐ DELET <b>É</b>	3.1 Π <b>TLE</b>		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS	•		3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		<u> </u>	
TTTLE		☐ 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		☐ DELETE	5.1 TITLE		Change	□ Addition
NAME	4 5 th		5.2 NAME			
STREET ADDRESS	was a grant of the contract of		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY- ST-ZIP			
TTLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME	_		
STREET ADDRESS			6.3 STREET ADDRESS	,		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		1 ( a) ( a) a a a a a a a a a a a a a a a	

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, with all other like empowered.

SIGNATURE:



04/08/99 941-504-1300