


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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90062 050 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000091767

1. Corporation Name
ETS CONNECTS, INC.

Principal Place of Business 2330 COMMERCE PARK DRIVE N.E. #5 PALM BAY FL 32905	Mailing Address 2330 COMMERCE PARK DRIVE N.E. #5 PALM BAY FL 32905
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 600A N. John Rodes Blvd. Suite, Apt. #, etc. 22 City & State 23 Melbourne, FL Zip Country 24 25		2a. Mailing Address 26 600A N. John Rodes Blvd. Suite, Apt. #, etc. 27 City & State 28 Melbourne, FL Zip Country 29 30		3. Date Incorporated or Qualified 10/28/1998	
		4. FEI Number 59-3539985		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SLEY, MARK 2330 COMMERCE PARK DRIVE N.E. #5 PALM BAY FL 32905			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLEY, MARK	1.2 NAME	
STREET ADDRESS	2330 COMMERCE PARK DRIVE N.E. #5	1.3 STREET ADDRESS	600A N. John Rodes Blvd.
CITY-ST-ZIP	PALM BAY FL 32905	1.4 CITY-ST-ZIP	Melbourne, FL 32934
TITLE	D Vice President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROVENCER, DAVE	2.2 NAME	
STREET ADDRESS	2330 COMMERCE PARK DRIVE N.E. #5	2.3 STREET ADDRESS	600A N. John Rodes Blvd.
CITY-ST-ZIP	PALM BAY FL 32905	2.4 CITY-ST-ZIP	Melbourne, FL 32934
TITLE	D Secretary <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONERGAN, JOHN	3.2 NAME	
STREET ADDRESS	2330 COMMERCE PARK DRIVE N.E. #5	3.3 STREET ADDRESS	600A N. John Rodes Blvd.
CITY-ST-ZIP	PALM BAY FL 32905	3.4 CITY-ST-ZIP	Melbourne, FL 32934
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Mark Sley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 March 99

407-727-5678

Date

Daytime Phone #

CR2E034 (11/98)