## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

S22533

(1)

**DOCUMENT #** 

CONNECT, INC.

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Principal Place	of Business	Mailing Address		IAN 1114 41821 MIĞIL MIĞIL BINIS ALBIL ALBIL 1681										
US 1 & DI BIG COPPI KEY WEST		35 DIAMOND RIVE BIG COPPITT KEY KEY WEST FL 33040	1											
RET WEST	72 3000	US	,		3. Date Incorporated or Qualified 01/04/1991	3a. Date of Last Report 04/27/1995								
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 65-0235234	Applied For								
21		26			00 0200204	Not Applicable								
Suite, Apt. #	r, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required								
City & State	3	City & State			6. Election Campaign Financing	\$5.00 May Be								
23	0	28	Country		Trust Fund Contribution  8. This corporation has liability for i	Added to Fees								
Ζφ <b>24</b>	Country	Ζφ. <b>29</b>	Gountry 30			No								
24	9 Name and Address of Curr	<del></del>	1301		10. Name and Address of New R									
			81	Name										
WILD,	CURTIS H		82	Street Addr	ess (P.O. Box Number is Not Acceptab	ie) /								
	EACOCK PLZ			35 I	ess (P.O. Box Number is Not Acceptable)	& COPPITT								
KEY V	VEST FL 33040		83											
			84	City		FL 85 Zip Code								
or register	to the provisions of Sections 607.05 ed agent, or both, in the State of Fl th, and accept the obligations of, S	onda. Such change was authoriz	ed by the corp	named corpor location's boal	ation submits this statement for the pur d of directors. I hereby accept the appe	pose of changing its registered office bintment as registered agent. I am								
SIGNATURE .	Sky utilie, typed or printer hand of registere fla	restavatore dassavašako (No	the Bugataga Ajia	Chapparatas sapar	රුදුව ලැබුණු ස් ද්රාල	DATE								
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF									
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NAME	WILD, CURTIS		1.2 NAME		S DIAMIND DE,	RIL COPPIT								
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NAME			5.2 NAME											
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NAME			6.2 NAME	i										
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CHTY-ST-ZIP			64 CITY	ST-ZIP		0770 (1) 51 11 51 11 11 11								

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the sample 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 13 if chapter 607 and attachment with an address.

SIGNATURE: \_

4/29/96 (305)296-1446