

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S74193 (1)**  
1. Corporation Name  
**NORTH SOUTH CONNECTION, INC.**



Principal Place of Business: **303 MIAMI LANE KISSIMMEE FL 34759**  
Mailing Address: **303 MIAMI LANE KISSIMMEE FL 34759**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>2905 TREVI COURT</b>	26	<b>2905 TREVI COURT</b>	<b>08/16/1991</b>	<b>01/24/1995</b>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
23	City & State	28	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>34746</b>		<b>34746</b>		
	<b>OSCEOLA</b>		<b>OSCEOLA</b>		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>COUCH, DAVID 340 JACKSONVILLE CT. POINCIANA FL 34759</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	<b>60 CORDONA DR.</b>		
				84	City	85	Zip Code
			<b>KISSIMMEE</b>	<b>FL</b>	<b>34758</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 of 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and the individual (if the Registered Agent signature is required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COUCH, DAVID E.</b>	1.2 NAME	
STREET ADDRESS	<b>303 MIAMI LANE</b>	1.3 STREET ADDRESS	<b>60 CORDONA DR.</b>
CITY-ST-ZIP	<b>POINCIANA FL</b>	1.4 CITY-ST-ZIP	<b>KISSIMMEE, FL. 34758</b>
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COUCH, HEIDI</b>	2.2 NAME	
STREET ADDRESS	<b>303 MIAMI LANE</b>	2.3 STREET ADDRESS	<b>60 CORDONA DR.</b>
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	2.4 CITY-ST-ZIP	<b>KISSIMMEE, FL. 34758</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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	<b>0000018077201-90</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>-05/06/96--01004--</b>
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	<b>***200.00</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: Heidi Couch **HEIDI COUCH** 4/25/96 907 932 1330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)