

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
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90132 017 ***150.00

DOCUMENT # **L07474**

1. Corporation Name

BUYERLINK INTERNATIONAL, INC.

Principal Place of Business

C/O ETHAN SOLOSKY
16 SANDPIPER
TAMPA FL 33609

Mailing Address

C/O ETHAN SOLOSKY
16 SANDPIPER
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1989

4. FEI Number

59-2962820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

5445 Mariner Street

Suite, Apt. #, etc.

Suite 102

City & State

Tampa, Florida

Zip

33609

Country

USA

2a. Mailing Address

5445 Mariner Street

Suite, Apt. #, etc.

Suite 314

City & State

Tampa, Florida

Zip

33609

Country

USA

9. Name and Address of Current Registered Agent

HAAS, CAROL L.
16 SANDPIPER
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

Haas, Carol L.

82 Street Address (P.O. Box Number is Not Acceptable)

5445 Mariner Street, Suite 102

83

84 City

Tampa

FL

85 Zip Code
33609

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

1/4/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

D

NAME

SOLOSKY, ETHAN

STREET ADDRESS

16 SANDPIPER

CITY-ST-ZIP

TAMPA FL

TITLE

D

NAME

HAAS, C.L.

STREET ADDRESS

16 SANDPIPER

CITY-ST-ZIP

TAMPA FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5445 Mariner Street
Tampa, Fl. 33609

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

5445 Mariner Street
Tampa, Fl. 33609

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/98 8132871812

CR2E034 (11/98)