

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

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90130 021 ***158.75

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000028791

1. Corporation Name
MASTERLINK CORPORATION



Principal Place of Business 716 44TH ST. WEST BRADENTON FL 34209 3649 All American Blvd. Orlando, Fl. 32810	Mailing Address 716 44TH ST. WEST BRADENTON FL 34209 3649 All American Blvd. Orlando, Fl. 32810
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3649 All American Blvd	2a. Mailing Address 26 3649 All American Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Orlando, Fl.	28 City & State Orlando, Fl
24 Zip 32810	29 Zip 32810

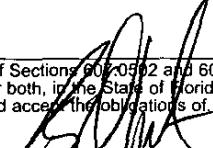
3. Date Incorporated or Qualified 04/14/1994	4. FEI Number 65-0555111	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
~~FENIMORE, GARRY L
716 - 44TH STREET W.
BRADENTON FL 34209~~

10. Name and Address of New Registered Agent

81 BRADFORD D. WEST	85 Zip Code 32801
82 Street Address (P.O. Box Number is Not Acceptable) LOWMEDES, PROSDRER, DOSTER, KANTOR & Reed	
83 215 North Eola Drive	
84 City ORLANDO	85 State FL

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  DATE 4/22/99

12. OFFICERS AND DIRECTORS		13. VISITING OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE	FENIMORE, GARRY L	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VISITING
NAME	716 - 44TH ST. W.	1.2 NAME	FENIMORE, GARRY L.
STREET ADDRESS	BRADENTON FL 34209	1.3 STREET ADDRESS	716 - 44 Street West
CITY-ST-ZIP		1.4 CITY-ST-ZIP	BRADENTON FL 34209
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	CFO
NAME		2.2 NAME	Kent A. Weisner
STREET ADDRESS		2.3 STREET ADDRESS	3649 All American Blvd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D
NAME		3.2 NAME	Ralph Reichard
STREET ADDRESS		3.3 STREET ADDRESS	1000 Windley Place, Suite 147
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	T
NAME		4.2 NAME	THOMAS A. CLAUSER
STREET ADDRESS		4.3 STREET ADDRESS	201 East Kicklighter Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lake Helen, FL 32744
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:  KENT A. WEISNER 3-31-99 407-299-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (1/98)