

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).


APPROVED
AND
FILED

98 NOV 16 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0104982

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000018472 (5)
1. Corporation Name INTERLINX INTERNET SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 730 EAST ANDERSON ROAD GROVELAND FL 34736
 Mailing Address: POST OFFICE BOX 121441 CLERMONT FL 34712

3. Date Incorporated or Qualified: 03/01/1997
 4. FEI Number: 59-3433711
 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
 21 15850 Charter Oaks Tr.
 Suite, Apt. #, etc.
 22
 City & State: 23 Clermont, FL 34711
 Zip: 24 34711 Country: 25
 2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State: 28
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
 HORTON, DENNIS L
 900 WEST HIGHWAY 50
 CLERMONT FL 34711

10. Name and Address of New Registered Agent
 81 Name: PATRICIA A. RAPP
 82 Street Address (P.O. Box Number is Not Acceptable): 444 C Village Villas Rd.
 83
 84 City: Minneola FL 85 Zip Code: 34755

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: Patricia A. Rappa President DATE: 9/20/98
Signature, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RAPPA, LOUIS A | |
| STREET ADDRESS | 730 EAST ANDERSON ROAD | |
| CITY-ST-ZIP | GROVELAND FL 34736 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RAPPA, PATRICIA A | |
| STREET ADDRESS | 730 EAST ANDERSON ROAD | |
| CITY-ST-ZIP | GROVELAND FL 34736 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | RAPPA, LOUIS A | |
| 1.3 STREET ADDRESS | 15850 Charter Oaks Trail | |
| 1.4 CITY-ST-ZIP | Clermont, FL 34711 | |
| 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | PATRICIA A RAPPA | |
| 2.3 STREET ADDRESS | 15850 Charter Oaks Trail | |
| 2.4 CITY-ST-ZIP | Clermont, FL 34711 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | 900002691809 | |
| 3.3 STREET ADDRESS | -11/19/98-01082-023 | |
| 3.4 CITY-ST-ZIP | ***\$50.00 ***\$50.00 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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.

SIGNATURE: Patricia A. Rappa SIGNATURE REQUIRED: H/2/98 352-242-3902

CR2E034 (5/98)