

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 10:58

DOCUMENT # 765739 (8)

1. Corporation Name

THE LINKS CLUB, INC.

Principal Place of Business

Mailing Address

BOX 592278
MIAMI FL 33159

BOX 592278
MIAMI FL 33159

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1982

3a. Date of Last Report

03/14/1994

4. FEI Number

59-2292751

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARTZ, ALLAN
4545 S.W. 94TH CT.
MIAMI FL 33165

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SCHWARTZ, ALLAN
STREET ADDRESS	4545 S.W. 94TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	BURSTEIN, OSCAR
STREET ADDRESS	1401 S.W. 85TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	FAHRINGER, CATHERINE
STREET ADDRESS	547 GIRALDI AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	STOILOFF, BILL
STREET ADDRESS	10230 S.W. 106TH AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	SMITH, HERBERT
STREET ADDRESS	8274 N.W. 201ST LANE
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	WHELAN, JAMES
STREET ADDRESS	5045 WESTWOOD LAKE DRIVE
CITY-ST-ZIP	MIAMI FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PRESIDENT

MARCH 7, 1995

(305) 633-4583

ALLAN SCHWARTZ

Date

Daytime Phone #