

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



OFFICE OF TREASURY, DEPARTMENT OF STATE
Treasurer
Secretary of State
DEPARTMENT OF CORPORATIONS

FILED

95 SEP 11 PM 3:05

SECRETARY OF STATE



DOCUMENT # **F75036** (6)

1. Corporation Name
DATA LINK MANAGEMENT SYSTEMS INC.

2. Principal Place of Business
**103 CENTURY 21 DRIVE
SUITE 207
JACKSONVILLE FL 32216
US**

3. Mailing Address
**103 CENTURY 21 DRIVE
STE 207
JACKSONVILLE FL 32216
US**

21. Principal Place of Business
103 Century 21 Dr.
22. State
FL
23. City & State
JACKSONVILLE, FLA
24. Zip
32216 25. U.S.

26. Mailing Address
103 Century 21 Dr.
27. State
FL
28. City & State
JACKSONVILLE, FLA
29. Zip
32216 30. U.S.

3. Date of Incorporation
04/05/1982

3a. Date of Last Report
08/11/1995

4. FID Number
59-2193772

5. Certificate of Status Current
\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees

8. Has corporation ever been delinquent in payment of franchise fees?
 Yes No

9. Name and Address of Current Registered Agent
**DRAUGHN, JIMMIE L.
103 CENTURY 21 DRIVE
SUITE 207
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent
81. Name
DRAUGHN, JIMMIE L.
82. Street Address (Do Not Number to 4th Floor)
**103 Century 21 Dr -
Suite 119**
83. City & State
JACKSONVILLE, FL
84. Zip
32216

11. Pursuant to the provisions of Chapter 607, Florida Statutes, the undersigned corporation submits this statement for the purpose of filing a report of officers and directors and a report of the corporation's financial condition for the period ending on the date of filing of this report.

SIGNATURE

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> OFFICER
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> OFFICER
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> OFFICER
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> OFFICER
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> OFFICER
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> OFFICER

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> OFFICER
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> OFFICER
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> OFFICER
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> OFFICER
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> OFFICER
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> OFFICER

BRUGHN, JIMMIE L.
103 Century 21 Dr. 3-119
JACKSONVILLE FLA. 32216
200001955-1022
-09/24/96--01167--039
*****\$225.00 ***\$225.00**

200001955-1022
-09/24/96--01167--040
*****\$150.00 ***\$150.00**

[Handwritten Signature]

14. I do hereby certify that the information appearing on this report is true and correct and that I am duly qualified to file this report. I understand that any false information on this report may constitute a crime under the laws of the State of Florida. I understand that the filing of this report is a public record and that my name appears in it.

SIGNATURE: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
8/31/96 904-724-6700

CR2E034 (3/96)