

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**  
**Jun 07, 1999 8:00 am**  
**Secretary of State**

06-07-1999 90014 022 \*\*\*550.00

DOCUMENT # **F96000001820**

1. Corporation Name  
**IMAGELINKS, INC.**



Principal Place of Business  
**4450 W EAU GALLIE BLVD  
STE 164  
MELBOURNE FL 32934  
US**

Mailing Address  
**4450 W EAU GALLIE BLVD  
STE 164  
MELBOURNE FL 32934  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>04/11/1996</b>	
4. FEI Number <b>59-3371327</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>BROWN III, FAYETTE 4450 W EAU GALLIE BLVD STE 164 MELBOURNE FL 32934</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAKER, FRANK H</b>	1.2 NAME	<b>Douglas K. Lemon</b>
STREET ADDRESS	<b>4180 SPARROW HAWK RD</b>	1.3 STREET ADDRESS	<b>69804 E. 710th NE</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	1.4 CITY-ST-ZIP	<b>Richland, WA 99352</b>
TITLE	VPST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN III, FAYETTE</b>	2.2 NAME	
STREET ADDRESS	<b>429 RED SAIL WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SATELLITE BCH FL</b>	2.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCHANAN, STEPHEN W</b>	3.2 NAME	
STREET ADDRESS	<b>2700 COLTSGATE RD STE 202</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELIMITROS, THOMAS</b>	4.2 NAME	
STREET ADDRESS	<b>8204 ELMBROOK STE 101</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	4.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUPONT III, W DANIEL</b>	5.2 NAME	
STREET ADDRESS	<b>3019 W ONTARIO CIRCLE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENDERSON, ROBERT P</b>	6.2 NAME	
STREET ADDRESS	<b>820 KERRY DOWNS CIRCLE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FAYETTE BROWN III** 5/24/99 407 253 0011

Date

Daytime Phone #

CR2E034 (11/98)

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