

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
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90089 016 ***150.00

DOCUMENT # F97000002380

1. Corporation Name

NETLINK ASSOCIATES CORPORATION

Principal Place of Business

2035 PHILIPPE PKWY
SUITE 30
SAFETY HARBOR FL 34695
US

Mailing Address

P. O. BOX 6413
CLEARWATER FL 33758
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

52-1948307

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 3318 SAN PEDRO

2a. Mailing Address

26 Suite, Apt. #, etc.

22 CLEARWATER

27 City & State

23 FL

28 City & State

24 33759

29 Zip

25 PINELLAS

30 Country

9. Name and Address of Current Registered Agent

RUSSELL, JAMES D
800 PALM TRAIL STE 200
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name

RUSSELL, JAMES D.

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

3318 SAN PEDRO ST.

83

CLEARWATER, FL 33759-3635

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

TITLE P ☒ DELETE

NAME RUSSELL, JAMES D
STREET ADDRESS 12 COLONIAL DRIVE APT 204
CITY-ST-ZIP BOYNTON BEACH FL 33435-8308

TITLE S ☒ DELETE

NAME HARRIS, SHEILA
STREET ADDRESS 4807 NO 12TH ST APT A
CITY-ST-ZIP TAMPA FL 33603

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

RUSSELL, JAMES D.

3318 SAN PEDRO ST.

CLEARWATER, FL 33759-3635

HARRIS, SHEILA

3318 SAN PEDRO ST.

CLEARWATER, FL 33759-3635

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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

Date

Daytime Phone #

CR2E034 (11/98)