

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90112 007 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J36346

1. Corporation Name
AD LINK OF FLORIDA, INC.



Principal Place of Business Mailing Address
% KARL G. NELSON % KARL G. NELSON
1512 N.E. 4TH AVE. 1512 N.E. 4TH AVE.
FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 10/06/1986 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 65-0007679 | |
| 24 Country | | 29 Country | | Applied For | |
| 25 | | 30 | | Not Applicable | |
| 5. Certificate of Status Desired | | | | 8. This corporation owes the current year Intangible Personal Property Tax. | |
| <input type="checkbox"/> | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 6. Election Campaign Financing Trust Fund Contribution | | | | 5. Additional Fee Required | |
| <input type="checkbox"/> | | | | \$8.75 | |
| 7. May Be Added to Fees | | | | \$5.00 | |

9. Name and Address of Current Registered Agent

NELSON, KARL G.
1512 N.E. 4TH AVE.
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|--|
| TITLE | DP | 1.1 TITLE | |
| NAME | NELSON, KARL G. | 1.2 NAME | |
| STREET ADDRESS | 5200 N.W. 31ST AVE. K-184 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33309 | 1.4 CITY-ST-ZIP | |
| TITLE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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:

KARL G. NELSON, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99
Date

954-763-1477
Daytime Phone #

CR2E034 (1/98)