May 10, 1999 8:00 am Secretary of State

05-10-1999 90013 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J74843**

1. Corporation Name

COMPULINK NETWORK INSTALLATION SERVICES, INC.

e of Business	Mailing Address			1 1201119 5111 15011 51001 (21)1 61			en e, en enem 10en
EET NORTH IG FL 33716	1205 GANDY BLVD. N ST PETERSBURG FL 33702 US		DO NOT WR	ITE IN THIS S	PACE_		
				05/28/1987		, , ,	
lace of Business	2a. Mailing Address			I			Applied For
	26			59-28 16896			Not Applicable
#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			5 Additional Required
e	City & State			6. Election Campaign Financing)0 May Be
	28		_				ed to Fees
Country		¬ ´	/	· ·			ØNo
25		<u> 1</u>			_,		1751 NO
9. Name and Address of Current Registered Agent		01					
WILKIN, ROBERT T. 1205 GANDY BLVD, N				ddress (P.O. Box Number is Not Accept	able)		
		٠ لــــ	J. Silver A	ouroed (1.6. Box Harrison in Hermoor)			
ETERSBURG FL 33/02		83					
		84	City		FL	85 2	Zip Code
1			1				. ita maniatanan
to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the state o	e of Florida. Such change was auth ations of, Section 607.0505, Florida	orized by a Statutes	re-named or the corpor	orporation submits this statement for the ation's board of directors. I hereby acce	ournose of c	hanging ment as	j its registered s registered
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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 of 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

REQUIRED STEPHEN SHEWLIN 4/29/99

☐ Change

☐ Addition