

PROFIT
CORPORATION
ANNUAL REPORT



OFFICE OF THE SECRETARY OF STATE
Sandra B. Mothman
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # **134881**

1. Corporation Name

INTERLINK RESOURCES, INC.

Principal Place of Business

Mail Stop

**5750 MARJOR BLVD #280
ORLANDO, FL 32819**

2. Principal Place of Business

2a. Mailing Address

21

26

State App # 00

State App # 00

22

27

City & State

City & State

23

28

City

City

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

12/6/89

NA

4. FEI Number

Applied For

65-0161207

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under 6-190.03, Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81

L. CHADA

82

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

83

5750 MARJOR BLVD #280

84

ORLANDO

FL

85

Zip Code 32819

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE **Pres / Director** ☐ Change ☐ Addition

NAME

1.2 NAME **L. CHADA**

STREET ADDRESS

1.3 STREET ADDRESS **5750 MARJOR BLVD #280**

CITY-ST-ZIP

1.4 CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

600002193746

-05/28/97--01102--002

*****165.00**

CC 5/15

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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, or that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

L. Chada

5/11/97

407 363-0626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR