

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
Tallahassee, Florida 32399-0400

APPROVED  
7/13  
FILED

5/11/95  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L84970** (7)  
To be completed by the  
**INTERLINK COMMUNICATION SYSTEMS, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **% MARTIN L POAD  
4695 ULMERTON RD SUITE 130  
CLEARWATER FL 34622**

Mailing Address: **% MARTIN L POAD  
4695 ULMERTON RD SUITE 130  
CLEARWATER FL 34622**

3. Date the Corporation is Qualified: **07/03/1990** 3a. Date of Last Report: **04/15/1994**

4. FEI Number: **59-3012047** 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 has liability for earnings tax under § 199.032 Florida Statutes:  Yes  No

2. Principal Place of Business: 26. Mailing Address:  
21. State Apt # etc: 26. State Apt # etc:  
**4400 140th AVE N. STE 250** 27. City & State:  
**CLEARWATER, FLORIDA** 28. City & State:  
24. ZIP: 25. Country: 29. ZIP: 30. Country:

9. Name and Address of Current Registered Agent: **POAD, MARTIN L.  
2148 LAURENCE DRIVE  
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent:  
B1 Name:  
B2 Street Address (P.O. Box Number or Not Acceptable):  
B3:  
B4 City: **FL** B5 Zip Code:

11. Pursuant to the provisions of Sections 607.0407 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 607.0407 Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (4-12)	
OFFICER	<b>PST POAD, MARTIN L. 2148 LAURENCE DR. CLEARWATER FL</b>	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D POAD, MARTIN L. 2148 LAURENCE DR. CLEARWATER FL</b>	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>V POAD, DIANE R 2148 LAURENCE DR CLEARWATER FL</b>	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE	<b>V William A. Scott 2760 Westchester Dr N. CLEARWATER, FL 34621</b>	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	<b>V Alan E Higgins 2805 Luce Circle Clearwater FL 34621</b>	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true and equally for the exemption stated in Section 199.032 Florida Statutes. I further certify that the information is filed as the annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. But I am not eligible for the exemption of the provisions of the law empowered to require this report as required by Chapter 607 Florida Statutes, and that my name appears in Block 1 of the Block 1 of the report as required by the law.

SIGNATURE: *Martin L. Poad* M.L. Poad 5/1/95 13-514-8663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR