

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L85375** (8)

1. Corporation Name

NEWLINK COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

RR 2
BOX 727
CHICHESTER NH 03263
US

1318 NELSON AVE
BOX 727
CHICHESTER NH 03263
US

3. Date Incorporated or Qualified
06/29/1990

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3018881

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENBERG, MARTIN J
1318 NELSON AVE
CLEARWATER FL 34615**

81 Name

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

83

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
**PD
LICCIARDI, SAMUEL**
STREET ADDRESS
RR 2, BOX 1891
CITY-ST-ZIP
PITTSFIELD NH

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**D
BISHOP, RICHARD**
STREET ADDRESS
575 S COVERED WAGON TR.
CITY-ST-ZIP
ANAHEIM CA

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**D
BRENNAN, LAWRENCE H.**
STREET ADDRESS
RT. 2, BOX 1888
CITY-ST-ZIP
CHICHESTER NH

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**S
HORNING, NANCY L**
STREET ADDRESS
13 CURTICE AVE
CITY-ST-ZIP
CONCORD NH

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**TD
GREENBERG, MARTIN J**
STREET ADDRESS
1318 NELSON AVE
CITY-ST-ZIP
CLEARWATER FL

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**D
BYRNES, LAWRENCE F**
STREET ADDRESS
RR 1 BOX 3770 MARTEL RD
CITY-ST-ZIP
TUJUNGA CA

6.1 TITLE ☐ Change ☐ Addition

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 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donna Covington
Donna Covington

4-19-96 603-778-38

CR2E034 (12/95)