

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 # **M93365** (8)

1. Corporation Name

LINK COMMUNICATIONS, INC.



Principal Place of Business

**TAX DEPARTMENT-MS-C-218
P.O. BOX 407044
FORT LAUDERDALE FL 33340-4044**

Mailing Address

**TAX DEPARTMENT-MS-C-218
P.O. BOX 407044
FORT LAUDERDALE FL 33340-4044**

3. Date Incorporated or Qualified
08/09/1988

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **TAX DEPT - MS A-127**
Suite, Apt. #, etc.

26 **TAX DEPT. MS A-127**
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

4. FEI Number
65-0067272

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 intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No **FILES UNDER RALAL**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent **ELECTRONICS**

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name **INC. 15485**
82 Street Address (P.O. Box Number is Not Acceptable) **54-1785140**
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 (if applicable)

(NOTE: Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV** ☒ DELETE
NAME **NORMAN, JAMES K.**
STREET ADDRESS **1601 N. HARRISON PKWY**
CITY-STATE-ZIP **SUNRISE FL**

TITLE **DST** ☒ DELETE
NAME **SMITH, R. GLEN**
STREET ADDRESS **1601 N. HARRISON PKWY**
CITY-STATE-ZIP **SUNRISE FL**

TITLE **AT** ☐ DELETE
NAME **FINGEROOT, FRANCES R.**
STREET ADDRESS **1601 N. HARRISON PKWY**
CITY-STATE-ZIP **SUNRISE FL**

TITLE **AT** ☐ DELETE
NAME **BOWIE, DAVID A**
STREET ADDRESS **1601 N. HARRISON PKWY**
CITY-STATE-ZIP **SUNRISE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Bowie

4/1/96 (954) 846-1601

CR2E034 (12/95)