

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N38611** (2)

1. Corporation Name

POSITIVE LINK, INC.



Principal Place of Business

2575 LAKE AVE
SUNSET ISLAND #2
MIAMI BCH. FL 33140
US

Mailing Address

2575 LAKE AVE.
SUNSET ISLAND #2
MIAMI BCH. FL 33140
US

3. Date Incorporated or Qualified

06/11/1990

3a. Date of Last Report

01/30/1995

4. FEI Number

65-0200029

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

9. Name and Address of Current Registered Agent

STEELE, W. TRENT
3300 PGA BLVD., #300
GARDENS PLAZA
PALM BCH. GARDENS FL 33410

10. Name and Address of New Registered Agent

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 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE

Signature of person filing this report as registered agent and the applicable

(NOTE: Registered Agent signature required when not filing by)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HYER, LAWRENCE R.	
STREET ADDRESS	2575 LAKE AVE., SUNSET ISLAND #2	
CITY-STATE-ZIP	MIAMI BCH. FL	
TITLE	D	☐ DELETE
NAME	DUNN, WILLIAM L	
STREET ADDRESS	475 NE 50TH TERRACE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	KLAREN, PHILIP J	
STREET ADDRESS	2575 LAKE AVE., SUNSET ISLAND #2	
CITY-STATE-ZIP	MIAMI BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Philip J. Klaren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP J. KLAREN-DIRECTOR

1/17/96

305-672-0879

CR2E037 (12/95)