

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N48113** (7)

1. Corporation Name

BUSINESS LINKS OF PINELLAS, INC.



Principal Place of Business

Mailing Address

PO BOX 243
PALM HARBOR FL 34682-0243

PO BOX 243
PALM HARBOR FL 34682-0243

3. Date Incorporated or Qualified
03/25/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-3112717

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

25 Country

29 Zip

30 Country

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

10. Name and Address of New Registered Agent

**WARMOLTS, PEGGY L
997 APPALOOSA ROAD
TARPON SPRINGS FL 34689**

81 Name
SCHULTZ CAROL

82 Street Address (P.O. Box Number is Not Acceptable)
2467 PINNACLE CT. N.

83

84 City **PALM HARBOR**

FL

85 Zip Code **34684**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Carol Schultz* **CAROL SCHULTZ**

MARCH 14, 1996

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME ISTON, BOBBIE	
STREET ADDRESS 37160 U.S. 19 NORTH	
CITY-ST-ZIP PALM HARBOR FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME REID, PEGGY	
STREET ADDRESS 335 CROSSWINDS DRIVE	
CITY-ST-ZIP PALM HARBOR FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MCNEIL, DEBRA	
STREET ADDRESS 3124 MILDRED DR	
CITY-ST-ZIP PALM HARBOR FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME WARMOLTS, PEGGY L	
STREET ADDRESS 997 APPALOOSA ROAD	
CITY-ST-ZIP TARPON SPRINGS FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
11 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME NESTOR, JOANN	
13 STREET ADDRESS 144 WOODLAKE BLIND	
14 CITY-ST-ZIP OLDSMAR, FL 34677	
21 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME CARLI, MICHAEL	
23 STREET ADDRESS 2269 PRIMROSE LANE #2808	
24 CITY-ST-ZIP CLEARWATER FL 34623	
31 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME KARAMITSOS, CHRIS	
33 STREET ADDRESS 12600 STAGE COACH LANE	
34 CITY-ST-ZIP BAYONET POINT, FL 34667	
41 TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME SCHULTZ CAROL	
43 STREET ADDRESS 2467 PINNACLE CT. N.	
44 CITY-ST-ZIP PALM HARBOR FL	
51 TITLE 000001751000	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME -03/21/96-01010-002	
53 STREET ADDRESS ***61.25	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-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 the 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: *Joann Nestor* **JOANN NESTOR** **3/14/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)