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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N4811

(7)

1. Corporation BUSINE	ESS LINKS OF PINELLAS, I	NC.		 	
Principal Place	of Business	Mailing Address			48% 01041 41011 42041 3 10% 01011 01014 350 4
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 03/20/1996
2. Principal Place of Business		28. Mailing Address		4. FEI Number 59-3112717	Applied For
Suite, Apt. #, etc.		Suite, Apt #, etc.		39 3112711	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	9, Name and Address of Current	29 Registered Agent	[30]	Florida Statutes 10. Name and Address of New Re	
			81 Namer	1 0 00	
SCHULTZ, CAROL 2467 PINNACLE CT N. PALM HARBOR EL 34684 82 Street Address (P.O. Box Number is Not Acceptable) 515 3 ONLY ON OV 83 84 Fily w Part Ruchen FL 85 Zip Coda					
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 Sush 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 typed of frint diname of registeral agen OFFICE/SS AND		Registered Agent signature requ		DATE DIDECTORS IN 10
12.	PD OFFICE AND	DELETE	13. 11 TOLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	NEATER, JOANN			Dorothy Patrick	, , , , , , , , , , , , , , , , , , , ,
STREET ADDRESS	144 WOODLAKE BLIND		1.3 STREET ADDRESS	414 Enterprise Rd	
CITY-ST-ZIP	OLDSMAR FL 34677		1,4 CiTY - ST - ZiP	leasuates FL 346	23
TITLE	VD	☐ DELETE	2.1 TO LE	Q 150 100 100 1010	`≬ Dange ☐ Addition
NAME	CARLI, MICHAEL		2.2 NAME	Jebbie McNeu	<i>A</i> '
STREET ADDRESS	2269 PRIMROSE LN #2808 CLEARWATER FL 34823		2.3 STREET ADDRESS	1124 Mildred Dr Palm Harbor FL 3	ucod
CITY-ST-ZIP TITLE	CLEARWATER PL 34023	DELETE	2.4 CITY-S1-ZIP	alm Harbor FL 3	Change Addition
NAME	KARAMITSOS, CHRIS	THE OFFICE	1	att Simon Line	Tolidings (C) Addition
STREET ADDRESS	12500 STAGE COACH LN			10 Rolling Hills Di	
CITY-ST-ZIP	BAYONET POINT FL 34667		3.4. CITY-S1-2(P	Palm Harbor FL	34683
TITLE	T	☐ DELETE	4.1 TITLE		Change Addition
NAME	SCHULTZ, CAROL		4. ? NAME	Hany Bocart	
STREET ADDRESS	2487 PINNACLE		4.3 STREET ADDRESS 51	53 OSECTION DE	to the same of the
CITY-ST-ZIP	PALM HARBOR FL	Perese	4.4 CITY-ST-ZIP A	iew Port Richey	FL 34652
TITLE		☐ DELETE	5.1 TITLE		L_] Change L_] Addition
NAME STREET ADDRESS			5.2 NAME	•	
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	/_		6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated of this an ual 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 order 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 attuchment with an address.					

1011 TURNED OF STATE OF STATE