

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90102 021 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N48113**  
 1. Corporation Name  
**BUSINESS LINKS OF PINELLAS, INC.**

Principal Place of Business PO BOX 243 PALM HARBOR FL 34682-0243	Mailing Address PO BOX 243 PALM HARBOR FL 34682-0243
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified <b>03/25/1992</b>	4. FEI Number <b>59-3112717</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOGART, TIFFANY 5153 OVERTON DR. NEW PORT RICHEY FL 34652				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	85 Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<del>PD</del>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PATRICK DOROTHY		1.2 NAME	Bogart, Tiffany			
STREET ADDRESS	2414 ENTERPRISE RD		1.3 STREET ADDRESS	5153 Overton Drive			
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	New Port Richey FL 34655			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCNEIL, DEBBIE		2.2 NAME	Patti Simon			
STREET ADDRESS	3124 MILDRED DR.		2.3 STREET ADDRESS	117 Bolony S. Drive			
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689			
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WREATH, DEBBIE C		3.2 NAME	Carol Schultz			
STREET ADDRESS	1117 S FLORIDA AVE		3.3 STREET ADDRESS	2417 Pinnacle Court N.			
CITY-ST-ZIP	TARPON SPRINGS FL 34689		3.4 CITY-ST-ZIP	Palm Harbor FL 34684			
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BOGART, TIFFANY		4.2 NAME	Debbie Wreath			
STREET ADDRESS	5153 OVERTON DR.		4.3 STREET ADDRESS	1117 S Florida Ave			
CITY-ST-ZIP	NEW PORT RICHEY FL		4.4 CITY-ST-ZIP	Tarpon Springs FL 34687			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Debbie Wreath SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: 2/17/99 DAYTIME PHONE #: 727-937-846