

FILE NOW: FILING FEE IS \$31.25

NONPROFIT  
CORPORATION,  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000001160 (9)

1. Corporation Name

BIZ LINK OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

7777 GLADES RD  
SUITE 205  
BOCA RATON FL 33434

7777 GLADES RD  
SUITE 205  
BOCA RATON FL 33434

3. Date Incorporated or Qualified

3a. Date of Last Report

03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

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

10. Name and Address of New Registered Agent

GLOTZER, BRUCE A  
7777 GLADES RD  
SUITE 205  
BOCA RATON FL 33434

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 617.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

PIAZZA, CHRISSY

STREET ADDRESS

2301 W GLADES RD

CITY - ST - ZIP

BOCA RATON FL 33431

TITLE

D

☐ DELETE

NAME

SCHILDKRAUT, JEFFREY

STREET ADDRESS

5550 GLADES RD

CITY - ST - ZIP

BOCA RATON FL 33486

TITLE

D

☐ DELETE

NAME

KENNEDY, CHERYL

STREET ADDRESS

2064 NE 2 ST

CITY - ST - ZIP

DEERFIELD BEACH FL 33441

TITLE

D

☐ DELETE

NAME

NEWMAN, DENNIS A

STREET ADDRESS

850 SE 7 ST

CITY - ST - ZIP

DEERFIELD BEACH FL 33441

TITLE

D

☒ DELETE

NAME

HABER, BENITA L

STREET ADDRESS

3836 W HILLSBORO BLVD

CITY - ST - ZIP

DEERFIELD BEACH FL 33442

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

P D

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS A NEWMAN

2-6-96

Date

(407) 861 1958

Daytime Phone #

CS 4/28/96

CR2E037 (12/95)