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FILED

Feb 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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 33434-4150**

3. Date Incorporated or Qualified  
**03/09/1995**

3a. Date of Last Report  
**04/28/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

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

**PD**

☒ DELETE

NAME

~~**PIAZZA, CHRISST**~~

STREET ADDRESS

~~**2301 W GLADES RD**~~

CITY - ST - ZIP

~~**BOCA RATON FL 33431**~~

TITLE

**MD**

☐ DELETE

NAME

**SCHILDKRAUT, JEFFREY**

STREET ADDRESS

**5550 GLADES RD**

CITY - ST - ZIP

**BOCA RATON FL 33486**

TITLE

~~**MD**~~

☐ DELETE

NAME

**KENNEDY, CHERYL**

STREET ADDRESS

**2064 NE 2 ST**

CITY - ST - ZIP

**DEERFIELD BEACH FL 33441**

TITLE

**TD**

☒ DELETE

NAME

~~**NEWMAN, DENNIS A**~~

STREET ADDRESS

~~**850 SE 7 ST**~~

CITY - ST - ZIP

~~**DEERFIELD BEACH FL 33441**~~

TITLE

**MD**

☐ DELETE

NAME

**Gray / Sherry**

STREET ADDRESS

**8246 Boca Rio Rd**

CITY - ST - ZIP

**BOCA RATON, FL 33433**

TITLE

**MD**

☐ DELETE

NAME

**Gray / Sherry**

STREET ADDRESS

**8246 Boca Rio Rd**

CITY - ST - ZIP

**BOCA RATON, FL 33433**

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**Gray / Sherry  
8246 Boca Rio Rd  
BOCA RATON, FL 33433**

14. I do 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.

SIGNATURE:

*Cheryl Kennedy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/97**  
Date

**954-427-3166**  
Daytime Phone # **0042148**

CR2E037 (9/96)