FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCU 1. Corporation	MENT :	# NS	36000) 0(04824 (6))								
BUSINESS NETLINK, INC.											nese 2014 20 (4) 4	. n.m. ; a.D.e.k.9		
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Principal Place of Business					Mailing Address					1 (O DI I IBA DIO 19110 91911 O DEFI ODIAL D	Tidi Maisi Amili Al	BBI EDIED	ENENI GABL IAM	
127 E ZARAGOZA ST 127 E ZARAGOZA ST														
SUITE 208 PENSACOLA FL 32501					SUITE 206 PENSACOLA FL 32501									
PENSACOLA I	LL 25901			FE	HONOOLN PL SESOI					3. Date Incorporated or Qualified 09/16/1996	3a. Date o	Last R	eport	
2. Principal Piace of Business					2a. Mailing Address					4. FEI Number 75-2666 183	L	-	plied For	
Suite, Apt. #, etc.					Suite, Apt. #, etc.						<u> </u>		t Applicable Additional	
22					27					5. Certificate of Status Desired		Fee Re		
City & Stat	le				Cily & State					6. Election Campaign Financing		55.00	May Be	
3					28					Trust Fund Contribution		Added t	o Fees	
Zip	Country			Ь	Zip Co					8. This corporation has liability for in			. 199.032,	
24 25 9. Name and Address of Current					29 30 30 egistered Agent					Florida Statutes Yes No 10. Name and Address of New Registered Agent				
,	<u> </u>						81	Name						
SANDFORT, SCOTTT							82 Street Addr			ss (P.O. Box Number is Not Acceptable				
127 E ZARAGOZA ST							02	Street Addre		ss (F.O. Box Number is Not Acceptable	3)			
* SUITE 206							83							
PENSACOLA FL 32501							84	City			85	Zip (Code	
11 Purcuent	to the provisio	ne of Section	ne 617 0502	and 6	17 1508 Florida Stetute	e the a	boye	named .	COCDO	oration submits this statement for the pu	FL burnose of cha	naina it	e registered	
office or i	registered agei am familiar with	nt, or both, i	in the State of ot the obligati	Florid ons o	da. Such change was a f, Section 617.0503, Flo	uthorize	d by	the corp	oratio	on's board of directors. I hereby accept	the appoint	nent as	registered	
SIGNATURE			•									<u> </u>		
12.	Signature, typed or		registerett agent i FICERS AND I			: Registere	d Age	nt signature	required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE BS AND DIE	ECTOR	S IN 12	
							1.1 TITLE			ADDITION OF THE OFFICE OF THE		Change	Addition	
NAME P	MARGAIET Neut				- C-C 200			1.2 NAME					_	
STREET ADDRESS	127 EZARAGO Persacula FL				A ST Ste 206 138			1.3 STREET ADDRESS						
CITY-ST-ZIP	Persa	cola	FC	<u> </u>	5201	1.4 CI	TY-S	T-Z(P						
TITLE D	Jim D	Dorm m	-		_ [2.1 TITLE				Change	Addition	
NAME	127 E	ZARA	1602A S	7	r									
STREET ADDRESS	P -		-c 32	1 60			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP							
TITLE (7 47				DELETE			ST-ZIP				Change	Addition	
NAME D	PAULA	Harras	nior-	_		3.1 T/ 3.2 N/						J. Karigo		
STREET ADDRESS	1207 6	1. 6	arot -	-ري	3.3 \$1			ADDRESS						
CITY-ST-ZIP	PERSA	colA.	FC 37	7ک ح	0/	3.4. C	ITY-S	37-21P						
TITLE,	Sea 77	- 5	DEOK		DELETE	4.1][Change	Addition	
NAME U	227	- 200	en 602	. ,,	57 #206	4. 2 N	IAME	i						
STREET ADDRESS	167 6	/	<i>E 1</i>		DELETE 57 # 206	4.3 \$1	REET	ADDRESS						
	1 CA 34 C	014		<u> </u>				T-ZIP				OL	Addition	
TITLE					☐ DELETE	5.1 Ti					السا	Change	Addition	
NAME CTOCCT ADDRESS	1					5.2 N		ADDRESS					i	
STREET ADDRESS	}					5.3 S1		ADORESS					[
TITLE	 				DELETE	5.4 U		1-21		·		Change	Addition	
NAME					<u>—</u>	6.2 N/					_ <u></u>			
STREET ADDRESS	[ADDRESS						
CITY-ST-ZIP	<u></u>					6.4 CI	TY-S	T-ZIP						
	by certify that t	he informati	on supplied i	with th	is filing does not qualif	v for the	ехе	mption st	aled i	in Section 119.07(3)(i), Florida Statutes	I further cerl	fy that	the	

to deleby certify that the information supplies with finding best for quality of the exhibitor stated in section (1870), Florida Statutes in 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.

904

FILED

Jun 24 1997 8:00am

Secretary of State