

2-25-97 B2289C PL  
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FILED  
Feb 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000051685 (4)

1. Corporation Name  
THE MORTGAGE LINK, INC.



Principal Place of Business

11950 66TH ST NORTH  
SUITE 104  
LARGO FL 34643  
US

Mailing Address

11950 66TH STREET NORTH  
SUITE 104  
LARGO FL 33773-5524  
US

2. Principal Place of Business

21 8143 STATE ROAD 52  
Suite, Apt. #, etc.

22 City & State

23 BAYONET POINT, FL

Zip Country USA

24 34667-6728

9. Name and Address of Current Registered Agent

AREHART, MARY ANN  
11950 66TH ST NORTH  
SUITE 104  
LARGO FL 34643

2a. Mailing Address

26 8143 STATE ROAD 52  
Suite, Apt. #, etc.

27 City & State

28 BAYONET POINT, FL

Zip Country USA

29 34667-6728

3. Date Incorporated or Qualified  
07/19/1993

3a. Date of Last Report  
04/08/1996

4. FEI Number  
59-3191050

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

10. Name and Address of New Registered Agent

81 Name  
MARI J. DAVIS

82 Street Address (P.O. Box Number is Not Acceptable)  
8143 STATE ROAD 52

83

84 City  
BAYONET POINT,

FL 85 Zip Code  
34667

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Mari J. Davis*

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

DATE

2/18/97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME DAVIS, MARI J  
STREET ADDRESS 18133 THOMAS BLVD.  
CITY-ST-ZIP HUDSON FL 34667

TITLE ~~ST~~ ☒ DELETE

NAME ~~AREHART, MARYANN~~  
STREET ADDRESS ~~3100 66TH WAY N.~~  
CITY-ST-ZIP ~~ST PETERSBURG FL 33710~~

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Mari J. Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/97

CR2E034 (9/96)