

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000082240 (1)**

1. Corporation Name

AMERICAN MICROLINK, INC.



Principal Place of Business

Mailing Address

**12526 CARDIFF DR
TAMPA FL 33625
US**

**12526 CARDIFF DR
TAMPA FL 33625
US**

3. Date Incorporated or Qualified

11/22/1993

3a. Date of Last Report

05/16/1995

2. Principal Place of Business

21 601 N. LOIS AVE.

2a. Mailing Address

26 12526 CARDIFF DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3209812

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

23 City & State

Tampa FL

28 City & State

Tampa FL

24 Zip

25 Country

33609 US

29 Zip

30 Country

33625 US

9. Name and Address of Current Registered Agent

**BUCHANAN, TIMOTHY C
12526 CARDIFF DR
TAMPA FL 33625**

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
BUCHANAN, TIMOTHY C
12526 CARDIFF DR
TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

NAME

11 TITLE

STREET ADDRESS

12 NAME

CITY - ST - ZIP

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

21 TITLE

STREET ADDRESS

22 NAME

CITY - ST - ZIP

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

31 TITLE

STREET ADDRESS

32 NAME

CITY - ST - ZIP

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

41 TITLE

STREET ADDRESS

42 NAME

CITY - ST - ZIP

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

51 TITLE

STREET ADDRESS

52 NAME

CITY - ST - ZIP

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

61 TITLE

STREET ADDRESS

62 NAME

CITY - ST - ZIP

63 STREET ADDRESS

64 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

65 TITLE

STREET ADDRESS

66 NAME

CITY - ST - ZIP

67 STREET ADDRESS

68 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

69 TITLE

STREET ADDRESS

70 NAME

CITY - ST - ZIP

71 STREET ADDRESS

72 CITY - ST - ZIP

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 9 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Timothy C Buchanan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

8132640326

Date

Daytime Phone