FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000046421 (1)**

1. Corporation Name
THE PEOPLE LINK, INC.

Principal Place of Business	Mailing Address
1229 FRANKLIN CIRCLE # 1 CLEARWATER FL 34616	1229 FRANKLIN CIRCLE # 1 CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1994	3a. Date of Last Report: N/A
4. FEI Number: 65-0523154	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 Street Address: 131 GARDEN AVE, N.	26 Street Address: 512 CLEVELAND ST.
22 Suite, Apt. #, etc:	27 Suite, Apt. #, etc: # 244
23 City & State: CLEARWATER, FL	28 City & State: CLEARWATER FL.
24 Zip: 34615 25 Country: PINELLAS	29 Zip: 34615 30 Country: PINELLAS

9. Name and Address of Current Registered Agent

PENE, PAULA ANNE
1229 FRANKLIN CIRCLE # 1
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name: PENE, PAULA ANNE
82 Street Address (P.O. Box Number is Not Acceptable): 512 CLEVELAND ST.
83: NO. 244
84 City: CLEARWATER FL 85 Zip Code: 34615

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] APRIL 30, 95
(Signature of new registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	PENE, PAULA ANNE	12 NAME	
STREET ADDRESS	1229 FRANKLIN CIRCLE # 1	13 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL 34616	14 CITY ST ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	PESCH, SCOTT G	22 NAME	NO LONGER A DIRECTOR
STREET ADDRESS	500 N. OSCEOLA AVE., # 208	23 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL 34615	24 CITY ST ZIP	
TITLE		31 TITLE	T ☐ Change ☒ Addition
NAME		32 NAME	LETTAU, KATHLEEN G
STREET ADDRESS		33 STREET ADDRESS	170 PLUMOSA DR
CITY ST ZIP		34 CITY ST ZIP	LARGO, FL. 34641
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: [signature] APRIL 30, 95 (813) 442-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0385400 CP