## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

1, Corporation LINKS-	N-GOLD, INC.	00001101	(*)					
Principal Place of Business Mailing Address						T 10-01/0-31 (AM 1841) B10/4 B9/41 BB41/ BB41/ BB41/ BB41/	481 14814 1 <b>48</b> 41 4 <b>8</b> 11	ii 1991 1991
702 7TH CT. Palm Beach	H GARDENS FL 33410	702 7TH CT. Palm Beach Gai	702 7TH CT. PALM BEACH GARDENS FL 33410			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified		
						07/08/1994		
2. Principal F	Place of Business	2a. Mailing Addres	s			4. FEI Number	Api	plied For
21		26				65-0516460	1-1	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> A Fee Re	
City & Stat	е	City & State	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip		Country		B. This corporation owes or has paid the cu		
24	4 25 29 30 9. Name and Address of Current Registered Agent						<del></del>	No
	<del></del>	irrent Registered Agent		81	Na	10. Name and Address of New Registered	Agent	
MCCALLUM, RODNEY JR.					Name			
702 7TH CT.					Street Ad	Idress (P.O. Box Number is Not Acceptable)		
PA	LM BEACH GARDENS FL 33	410		100				
				83				
				84	City	FL	85 Zip C	ode
11. Pursuant office or a agent. La SIGNATURE						orporation submits this statement for the purpose or ation's board of directors. I hereby accept the ap-	of changing its pointment as r	registered registered
40	Signature, type-1 or printed name of registers	AND DIRECTORS	(NOTE Rep		nt signature req	quired when reinstating) DATE	D DIDECTOR	O IN 40
12.	D	AND DIRECTORS DELE	TE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change	S IN 12
NAME	MCCALLUM, RODNEY JR			1.2 NAME	İ		L_I Unango	/watton
STREET ADDRESS	#40 FF11 OF			1.3 STREET	ADDRESS			
CITY-ST-ZIP PALM BEACH GARDENS FL 33410			1.4 CITY - S					
TITLE	DELETE			2.1 TUTLE	1.511		Change	Addition
NAME				2.2 NAME	}			_
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY-ST-ZIP				2. 4 CITY - S				
TITLE	<u> </u>			3.1 TITLE			Change	Addition
NAME			1	3.2 NAME	1	•		
STREET ADDRESS				3.3 STAEET	ADDRESS			
CITY-ST-ZIP				3 4. CITY - ST - ZIP				
TITLE	☐ DELETE		TE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME	Į			
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	T-ZIP			
TITLE		DELE	TE	5.1 TULE	Ī		Change	Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemindicated on this annual report or supplemental annual report is true and accurate and officer or director of the corporation of the receiver or trusted employing to execute the Block 12 or Block 13 if changed, or on an area with an address. notion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information If my signature shall have the same legal effect as if made under oath; that I am an report as required by Chapter 607, Florida Statutes; and that my name appears in

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

DELETE

800-826-9504

3- 24*-98* 

Change

Addition

**FILED** 

Mar 27 1998 8:00am

Secretary of State