

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

MAY 18 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000052790 (0)

1. Corporation Name

PAGE LINK NETWORK, INC.

Principal Place of Business

**4125 SW MARTIN HWY
PALM CITY FL 34990**

Mailing Address

**P.O. BOX 2110
PALM CITY FL 34990**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1994

3a. Date of Last Report

2. Principal Place of Business

21

State, Apt. # etc.

2b. Mailing Address

26

State, Apt. # etc.

22. City & State

23

Zip

Country

27. City & State

28

Zip

Country

24

25

29

30

4. FEI Number

65-0505811

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. 190.032,
Florida Statutes

☐

yes

☐

no

9. Name and Address of Current Registered Agent

**BALOGH, ALLEN E
4125 SW MARTIN HWY
PALM CITY FL 34990**

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 607.01 and 607.02, Florida Statutes, the above named corporation submits the 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 607.02(2), Florida Statutes.

SIGNATURE

(If the filer is a corporation, the filer must sign with the filer's name)

(If the filer is an individual, the filer must sign with the filer's name)

Date

12. OFFICERS AND DIRECTORS

12a. NAME
12b. STREET ADDRESS
12c. CITY, ST, ZIP

**DP
BALOGH, ALLEN E
4125 SW MARTIN HWY
PALM CITY FL 34990**

12d. NAME
12e. STREET ADDRESS
12f. CITY, ST, ZIP

**ST
BALOGH, JOANN
C/O 4125 SW MARTIN HWY
PALM CITY FL 34990**

12g. NAME
12h. STREET ADDRESS
12i. CITY, ST, ZIP

12j. NAME
12k. STREET ADDRESS
12l. CITY, ST, ZIP

12m. NAME
12n. STREET ADDRESS
12o. CITY, ST, ZIP

12p. NAME
12q. STREET ADDRESS
12r. CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. NAME
13b. STREET ADDRESS
13c. CITY, ST, ZIP

13d. NAME
13e. STREET ADDRESS
13f. CITY, ST, ZIP

13g. NAME
13h. STREET ADDRESS
13i. CITY, ST, ZIP

13j. NAME
13k. STREET ADDRESS
13l. CITY, ST, ZIP

13m. NAME
13n. STREET ADDRESS
13o. CITY, ST, ZIP

13p. NAME
13q. STREET ADDRESS
13r. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the information stated in the laws of the State of Florida. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report or on any attachment with an address.

SIGNATURE:

Allen Balogh

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

ALLEN BALOGH, PRESIDENT

5/8/95

407-203-3212

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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
OFFICE OF CORPORATE REGISTRATION

APPROVED
FILED
JUN 15 1995
JUN 17 1995
TALLAHASSEE, FLORIDA

DOCUMENT # P94000052827 (0)

To: Corporation/Inc.

AQUACORPS, INC.

Principal Place of Business: **718 CAROLINE ST
KEY WEST FL 33040**
Mailing Address: **718 CAROLINE ST
KEY WEST FL 33040**

(Leave blank if no change, then SPACE)

3. Date Report Filed: # 07/18/1994	3a. Date of Last Report
4. Filing Date: 65-0508095	Applied for: ☐ Not Applicable
5. Certificate of Status Desired: ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing: ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032: ☒ No ☐ Yes	

2. Name of Principal Officers:	2a. Mailing Address:
21. Name of President:	26. State, Apt. # etc:
22. Name of Vice President:	27. City & State:
23. Name of Secretary:	28. City:
24. Name of Treasurer:	29. City:
25. Name of Controller:	30. City:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MENDUNO, MICHAEL
718 CAROLINE ST
KEY WEST FL 33040**

81. Name:	85. Zip Code:
82. Street Address: P.O. Box (Corporate Not Acceptable):	
83. City:	
84. State:	

11. The undersigned, as persons of legal age, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the place reported or to the State of Florida. Such change was authorized by the corporation's board of directors, if they accept the appointment of registered agent. I am hereby giving and accepting the obligations of Section 199.032, Florida Statutes.

Notary Public

(If Notary Public, please print name, address, and phone number)

(If Notary Public, please print name, address, and phone number)

(If Notary Public, please print name, address, and phone number)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
NAME: P MENDUNO, MICHAEL	14. NAME: P MENDUNO, MICHAEL	15. NAME: P MENDUNO, MICHAEL	☐ Change ☐ Addition
STREET ADDRESS: 718 CAROLINE ST	14. STREET ADDRESS: 718 CAROLINE ST	15. STREET ADDRESS: 718 CAROLINE ST	☐ Change ☐ Addition
CITY: KEY WEST	14. CITY: KEY WEST	15. CITY: KEY WEST	☐ Change ☐ Addition
STATE: FL	14. STATE: FL	15. STATE: FL	☐ Change ☐ Addition
ZIP CODE: 33040	14. ZIP CODE: 33040	15. ZIP CODE: 33040	☐ Change ☐ Addition
16. NAME: P MENDUNO, MICHAEL	16. NAME: P MENDUNO, MICHAEL	16. NAME: P MENDUNO, MICHAEL	☐ Change ☐ Addition
17. STREET ADDRESS: 718 CAROLINE ST	17. STREET ADDRESS: 718 CAROLINE ST	17. STREET ADDRESS: 718 CAROLINE ST	☐ Change ☐ Addition
18. CITY: KEY WEST	18. CITY: KEY WEST	18. CITY: KEY WEST	☐ Change ☐ Addition
19. STATE: FL	19. STATE: FL	19. STATE: FL	☐ Change ☐ Addition
20. ZIP CODE: 33040	20. ZIP CODE: 33040	20. ZIP CODE: 33040	☐ Change ☐ Addition

14. I, the undersigned, do hereby certify that the information reported on this form is true and correct, and that the undersigned is a duly qualified person to act as a registered agent for the corporation. I am hereby giving and accepting the obligations of Section 199.032, Florida Statutes, and that my name appears on the list of registered agents for the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-95 305-294-3540