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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DOCUMENT # P9400052790 (0)

1. Corporation Name
PAGE LINK NETWORK, INC.

Principa Place of Business

4125 SW MARTIN HWY
PALM CITY FL 34990

2. Principal Place of Business

424. Mailing Address

245. Mailing Address



PALM CITY FI	L 34990	PALM CITY FL 34990					
				3. Date Incorporated or Qualified 07/15/1994	3a. Date of Las 05/18/	3a. Date of Last Report 05/18/1995	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
1		26		65-0505811 Not Applicabl			
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional ee Required
2		27 Ch. 9 Chate			6. Election Campaign Financing		<del> </del>
City & State		Oity & State			Trust Fund Contribution		i.00 May Be
Zip	Country	28	Countr	v	8. This corporation has liability for		
210	25	29	30	,	Florida Statutes  Yes		
7	9. Name and Address of Current				10. Name and Address of New R	Registered Agent	
			8	Name			
BALOGH	I, ALLEN E		8	Street Add	ress (P.O. Box Number is Not Acceptate	ole)	
	WARTIN HWY						
	TY FL 34990		8	3			
			8	4 City		85	Zip Code
					eration submits this statement for the pu	FL.	,
SIGNATURE					ration submits this statement for the pu and of directors. I hereby accept the app so when reinstating.	DATE	
12.	Signature, typod or printed name of registered agent a OFFICERS AND		113.	rom Signal Jre recjulis	ADDITIONS/CHANGES TO OFF		CTORS IN 12
TITLE	DP OFFICENS AND	DELETE	1 1 TiTL	E		Cha	
NAMÉ	BALOGH, ALLEN E	<b>Land</b>	1.2 NAM	1			
STREET ADDRESS	4125 SW MARTIN HWY		1.3 STRE	ET ADDRESS			
CITY-SI-ZIP	PALM CITY FL 34990		1.4 CITY	- ST-ZIP			
TITLE	ST	DELFTE	2. 1 TIFL	F		Cna	nge 🔲 Addition
NAME	BALOGH, JOANN		2.2 NAM	£			
STREE1 ADDRESS	C/O 4125 SW MARTIN HWY		2 3 S1RE	ET ADDRESS			
CITY-ST-ZIP	PALM CITY FL 34990			- S1 - Z/P		from ou	- Addition
TITLE		DELETE	3. 1 Titl			Cha	nge Addition
NAME			3.2 NAM				
STREET ADDRESS				EFT ADDRESS			
CITY-ST-ZIP		DELETE	3.4 CHY 4. 1 TAYL	-ST-ZIP		☐ Cha	nge [ ] Addition
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NAME STORET ADDRESS				EET ADDRESS			
STREET ADDRESS				'-ST-2IP			
CITY-ST-ZIP TITLE		DELETE	5 1 101			Cha	inge 🔲 Addition
NAME		. <del>—</del> -	5.2 NAN	iE			
STREET ADDRESS			5 3 STR	EET ADDRESS			
CITY-ST-ZIP			5.4 CITY	(-ST-7IP			
THLE		DELETE	6 1 TiT	LE .		☐ Cha	ange 🔲 Addition
NAME			6.2 NAM	AE			
STREET ADDRESS			6.3 STR	FET ADDRESS			
CITY-ST-ZIP			6.4 C(T)	r-ST-ZIP		0.07/0V/A Florida (	

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 early that I am an officer or director of the carporation 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 12 changes for on an attachment with an address.

SIGNATURE:

NATURE IND. PRES OR PRINTERN AME OF SIGNING OFFICER OR DIRECTOR

407-283-3212

Daytinie Phone &