

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000057708 (7)

1. Corporation Name  
PALM LINKS CORP.



Principal Place of Business

Mailing Address

250 ROYAL PALM WAY  
SUITE 300  
PALM BEACH FL 33480

250 ROYAL PALM WAY  
SUITE 300  
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1994

4. FEI Number

65-0515825

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2421 B TERESA CIRCLE  
Suite, Apt. #, etc.

2421 B

27 TERESA CIRCLE  
City & State

23 TAMPA, FL 33619  
City & State  
Zip

28 TAMPA, FL 33629  
City & State  
Zip

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~OLIVER, KIMBERLY~~  
5105 MISSION HILLS  
TAMPA FL 33617

DEBRA LUCA.

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT ☒ DELETE  
NAME SPARKS, HAROLD N  
STREET ADDRESS 2580 S OCEAN BLVD  
CITY-ST-ZIP PALM BEACH FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DS ☐ DELETE  
NAME ELOVITZ, ELAINE  
STREET ADDRESS 79 FLORENCE STREET  
CITY-ST-ZIP CHESTNUT HILL MA

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DV ☐ DELETE  
NAME ELKIND, MANUEL  
STREET ADDRESS 3100 S OCEAN BLVD  
CITY-ST-ZIP PALM BEACH FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DPT ☐ DELETE  
NAME ELOVITZ, GERALD  
STREET ADDRESS 79 FLORENCE STREET  
CITY-ST-ZIP CHESTNUT HILL MA 02167

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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.

H. ELKIND, MANUEL  
P. 230 1998

CP2E034 (10/97)