PROFIT CCRPOFATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000070853 1. Corporation Name

WIDELINK PRODUCTS, INC.

8 BURNLEY PLACE

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90184 028 ***150.00



Mailing Address Principal Flace of Business P.O. BOX 354004 PALM COAST FL 32135-4004 PALM COAST FL 32137 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/27/1994 2. Principal Place of Business Mailing Address 4. FEI Number Applied For Not Applicable 59-3269697 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. \Box 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 Iday Be \Box Added to Fees 28 Trust Fund Contribution 23 Country This corporation owes the current year intangible Zip Country XNo ☐ Yes 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registers d Agent 9. Name and Address of Current Registered Agent Name **AMERILAWYER** Street Acdress (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 circulars. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTI:: Registered Agent signature required when reinstating) DATE Signature, typed or printed her re of registered agent, and title if applicable ADDITIONS/CHANGES TO OFFICERS (AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 11 TID 6 TITLE CHEN, PENG 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS **8 BURNLEY PLACE** PALM COAST FL 32137 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition OELETE 4.1 TITLE TITLE 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRES 44 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET, ADDRES 54 CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition 61 TITLE DELETE TITLE 62 NAME

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 supplied with mis filling does not qualify to the exemption stated in 350000 13.50 (O)(f), included stated of the true and accurate and that my signature shall have the same legal effect as if made under oath; that I ari 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, with all other tike empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)