

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

AMENDED

FILED

97 DEC -8 PM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT #
1. Corporation Name
Interlink America, Inc. **P95000008497**

Principal Place of Business **Mailing Address**
8789 San Jose Boulevard
Suite 201A
Jacksonville, FL 32217

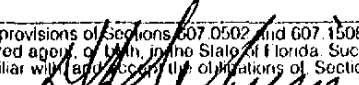
2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 1/26/95	3a. Date of Last Report 8/18/97
4. FEI Number 59-3310113	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, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent
David H. Peek
1301 Riverplace Boulevard
Suite 1609
Jacksonville, FL 32207

10. Name and Address of New Registered Agent
81 Name **Gary L. Schreier**
82 Street Address (P.O. Box Number is Not Acceptable)
8789 San Jose Boulevard
83 Suite 201A
84 City **Jacksonville** **FL** **85 Zip Code** **32217**

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:  **Gary L. Schreier** **12/3/97**
(Signature type or printed name of registered agent and title if applicable) (NOT Registered Agent signature required when reinstating) DATE

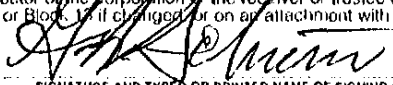
12. OFFICERS AND DIRECTORS

TITLE	Pres., Sec., Director ☐ DELETE
NAME	Gary L. Schreier
STREET ADDRESS	8789 San Jose Blvd, Suite 201A
CITY - ST - ZIP	Jacksonville, FL 32217
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	500002366815--B
14 CITY - ST - ZIP	-12/03/97--01059--001
21 TITLE	*****\$5.00 *****\$5.00
22 NAME	☐ Change ☐ Addition
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:  **12/3/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Year

CR2E034 (9/96)