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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000018488 (3)

REALTYLINK, INC.

Principal Place of Busines

FILED May 01 1997 8:00am Secretary of State



Principal Place of Business				Mailing Address					1 1111	*** *** **** ***					** 10101	7871 1991	
8415 N "W" STREET PENSACOLA FL 32505				P.O. BOX 3384 PENSACOLA FL 32516-3384													
										l l	ncorporated	or Qualif	ied	3a. Dat			eport
2. Principal Pl	lace of Busin	iess		2a. I	Mailing Addr	ess				4. FEI No							plied For
21				26						59-3298916							l Applicable
Suite, Apt. #, etc.				Surte, Apt. #, etc.					5. Certific	cate of Statu	s Desired	d [\$8.75 Additional Fee Required				
City & State	ө		2	8	City & State						n Campaigr		٠,				May Be o Fees
Zip 24	Country 25			Zip Cour 29 30				ntry B.			This corporation has liability for intangible tax under s. 199.6 Florida Statutes Yes No						
		and Address of			ered Agent						and Addre	ss of Nev					
GRIF	FFIN, JAME	SH					81	V	V ame								
	5 N "W" ST						82	5	Street Add	ress (P.O. Bo)	Number is	Not Acce	entable	······································			
PENSACOLA FL 32505								`						,			
							83										
							84	(Dity					FL	85	Zip C	Code
11. Pursuant t	to the provisi	ions of Sections ent, or both, in the	607.0502 and	d 60	7.1508, Floric	ia Statutes,	the above	0-F1	amed corp	poration subm	its this state	ment for	the pur		chang	jing its	registered
agent. I a	m familiar wi	th, and accept the	ne obligation	s of,	Section 607.	0505, Florid	a Statute	S.	io corpora	tilon 8 board 6	r unectors, r	погору а	осерт (пс аррс	ni stri le	in as	egistered
SIGNATURE										,, 	.,						
12.	Signature, typed	or printed name of reg	ERS AND DIF			(NOTE: Be	g stored Age	ent s	ignature redu	ired when reinstation	^{g)} DNS/CHAN(SES TO C		DATE RS AND	DIRE	TOR	S IN 12
TITLE	PVTS	011101	THO AND DI	···	DE	LETE	1.1 TOLE		T		JIIO/OHAIII	20100	ZI I IOLI		Ch		Addition
NAME		JAMES H					1.2 NAME							•		Ü	_
STREET ADDRESS		rth "W" st					1.3 STREET	ADI	DRESS								
CITY-ST-ZIP	PENSAC	OLA FL 32505					1.4 CITY - S	ST - Z	IP.								
TITLE					☐ DE	LETE	2 1 TI7L€								Ch	ange	Addition
NAME							2 2 NAME										
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STREET ADDRESS							3.3 STREET										
CITY-ST-ZIP TITLE					DE DE	LETE	3.4. CITY - :	31.7	1197						Ch	anoe	☐ Addition
NAME							4. 2 NAME		Ì								
STREET ADDRESS							4.3 STREET	ADE	DRESS								
CITY-ST-ZIP							4.4 CHY- S	31 - 7	P								
TITLE					☐ DE	LETE	5 1 11TLF								Ch	апде	Addition
NAME							52 NAME										
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TITLE					☐ DE	LETE	611011								Ch	ange	Addition
NAME							62 NAME										
STREET ADDRESS							63 STREET	ADE	DRESS								
CITY-ST-ZIP						<u></u> . ,]	64 CHY-S							<u>-</u>			
14. I do hereb	by certify that	t the information	supplied with	h this	s filing does r	not qualify fo	r the exc	mp	tion state	d in Section 1	19.07(3)(i), F	lorida Sta	atutes.	further	certify	that t	he

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 changes, or or an attachment with an oddress. 1/2-100