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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996 P95000025013 (0) DOCUMENT # 1. Corpcration Name

## WORLDLINK CONSTRUCTION CORPORATION



	Mailing Address		F (03)(00) FIN INIEL GIVIL GALLE BRAIL	
Principal Place of Business	-894-E. DUVAL-ST:-			
334-EDUVAL-ST: JACKGONVILLE-FL-82282-	JACKSONVILLE FL 322	92		
UNONCONTRACT V D VIII-VIII			3. Date Incorporated or Qualified 03/27/1995	3a. Date of Last Report
. Principal Place of Business	2a. Maising Address		4. FET Number	X Applied For
9918 Orchard Hills Road	26 9918 Orchard	Hills Road		Not Applicable
Suite Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	27		6. Election Campaign Financing	\$5.00 May Be
City & State	Oity & State	זמו	Trust Fund Contribution	Added to Fees
Jacksonville FL	28 Jacksonville	Country	8. This corporation has liability for in	tangible tax under s. 199.032,
Zip 32256 Country US	<sup>7(f)</sup> 32256	30 UŚ	Florida Statutes	<b>(∑</b> No
9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent
		81  Name   Saeke	o M. Hammaker	
KNOPF-ALLEGRA		R2 Street Add	tress (P.O. Box Number is Not Acceptable	e)
394 E. DUVAL ST.		83	Orchard Hills Road	
JACKSONVILLE FL 32202-		63		
		84 City	sonville	FL 85 Zip Code 32256
11. Pursuant to the provisions of Sections 607.05	co 1 COZ 1500 Elocido Statutos		in the state of the three recent	according its registered offi
		by the corporation's bo	ard of directors. I hereby accept the appo	intment as registered agent. I am
familiar with, and accept the obligations or, or	ecilonalistacioni, Floridis dicirculos		L.	1/16/196
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Loo hereby certify that the information supplier with this filing is voluntarily furnished and does not qualify for the exemples and in a supplier with this filing is voluntarily furnished and does not qualify for the exemples and in a supplier with a same legal effect as if made under cath, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 (904) 363-0390