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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000026877 (7)

MINI-LINKS OF CORAL SPRINGS, INC.

Principal Place of Business Mailing Address 99 N.W. 183RD ST. 99 N.W. 183RD ST. SUITE 234 **SUITE 234** MIAMI FL 33169 MIAMI FL 33169-4518 3a. Date of Last Report 3. Date Incorporated or Qualified 04/05/1995 07/01/1996 incipal Place of Business 2a. Mailing Address 4. FEI Number Applied For 14800 S.W. SI 65-0372284 S.W. SISI Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required らいけん 6. Election Campaign Financing \$5.00 May Be DEMOSLE Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199,032 Yes Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMYLER, HENRY I 9200 SOUTH DADELAND BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 520** в3 MIAMI FL 33158 84 City Zip Code 11. Pursuant to the provisions of Socions 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 Horida, Such change was authorized by the corporation's board of directors. Thereby 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's gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE NAME KENNA, GERARD J 1.2 NAME 99 N.W. 183RD ST., 234 JEFFERSON SQ. STREET ADDRESS 1.3 STREET ADDRESS MAMI FL 83189 1.4 CHY+S1-ZIP CITY-ST-ZIP ___ Addition DELETE TITLE 21 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 DITY-S1-7IP DELFTE Change Addition TITLE 3.1 THEE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CH1Y - S1 - ZIP DOLFTE TITLE 5.1 THE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP 🔲 bereië Change TITLE 6.1 TILLE [] Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 it made under eath; 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

4/2/197