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

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Feb 09 1998 8:00am
Secretary of State

DOCUMENT # P95000033581 (6)

1. Corporation Name

INTERLINK CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
112 BAYWIND DRIVE NICEVILLE FL 32578	P.O. BOX 76 NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 *834 Cedar Cove Rd*	26 *P.o.box 211302*	59-3311932	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 *Wellington FL*	City & State 28 *West Palm Beach FL*	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 *33414*	Country 25	Zip 29 *33421-1302*	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
HAUGHT, ALEXANDRA R 5 CLIFFORD DRIVE, SUITE 12 SHALIMAR FL 32579	81 Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City FL 85 Zip Code	

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CONNELL, MARIA P		1.2 NAME	
STREET ADDRESS	112 BAYWIND DRIVE		1.3 STREET ADDRESS	*834 Cedar Cove Rd*
CITY-ST-ZIP	NICEVILLE FL 32578		1.4 CITY-ST-ZIP	*Wellington FL 33414*
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	CONNELL, THOMAS III		2.2 NAME	
STREET ADDRESS	112 BAYWIND DRIVE		2.3 STREET ADDRESS	*834 Cedar Cove Rd*
CITY-ST-ZIP	NICEVILLE FL 32578		2.4 CITY-ST-ZIP	*Wellington FL 33414*
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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/supplemental 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: _____ **REQUIRED**