FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000055414 (3)**

1. Corporation Name

LINKS PROPERTIES, INC.

Principal Place of Business	Mailing Address
C/O FRANK G. FINKBEINER 105 E. ROBINSON STREET. SUITE 301 ORLANDO FL 32801	C/O FRANK G. FINKBEINER 105 E. ROBINSON STREET. SUITE 301 ORLANDO FL 32801

3. Date Incorporated or Qualified: **07/12/1995**

3a. Date of Last Report:

2. Principal Place of Business
21 5449 South Semoran Blvd.
Suite, Apt. #, etc.
22 Suite 221
City & State
23 Orlando, Florida
Zip 24 32822 Country 25 USA

2a. Mailing Address
26 5449 South Semoran Blvd.
Suite, Apt. #, etc.
27 Suite 221
City & State
28 Orlando, Florida
Zip 29 32822 Country 30 USA

4. FEI Number: 59-3328096 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

FINKBEINER, FRANK G
105 E. ROBINSON STREET
SUITE 301
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Michael J. Pacini
82 Street Address (P.O. Box Number is Not Acceptable): 5449 South Semoran Blvd.
83 Suite 221
84 City: Orlando FL 85 Zip Code: 32822

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: X _____ Michael J. Pacini DATE: X 3/5/96

OFFICERS AND DIRECTORS

12.			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	XX DELETE	1 TITLE	☐ Change ☐ Addition
NAME	FINKBEINER, FRANK G		2 NAME	
STREET ADDRESS	105 E. ROBINSON STREET, SUITE 301		3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801		4 CITY ST ZIP	
TITLE	D,T,S	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	Mitchell, W. Bruce Jr.		2 NAME	
STREET ADDRESS	5449 South Semoran Blvd., Ste 221		2 STREET ADDRESS	
CITY-ST-ZIP	Orlando, Florida 32822		2 CITY ST ZIP	
TITLE	D,P	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	Pacini, Michael J.		3 NAME	
STREET ADDRESS	5449 South Semoran Blvd., Ste 221		3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, Florida 32822		3 CITY ST ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY ST ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY ST ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: X _____ 3/5/96 Date 407-380-6407 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael J. Pacini, President

CR2E034 (12/95)