

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000059043 (6)**

1. Corporation Name
POLYLINKS INC.



Principal Place of Business
**5197 N.W. 15TH STREET
SUITE 220
MARGATE FL 33063**

Mailing Address
**5197 N.W. 15TH STREET
SUITE 220
MARGATE FL 33063**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15-H Glenn Bridge Rd.		2a. Mailing Address 26 15-H Glenn Bridge Rd.		3. Date Incorporated or Qualified 07/27/1995	3a. Date of Last Report 03/26/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0616779	Applied For <input type="checkbox"/> Not Applicable
City & State 23 Arden NC		City & State 28 Arden NC		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 28704	Country 25 USA	Zip 29 28704	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MALASKY, JOSEPH J IV 11211 S. MILITARY TRAIL BOYNTON BEACH FL 33436				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81. Name Van Vorst, John
82. Street Address (P.O. Box Number is Not Acceptable) 2929 E. Commercial Blvd.
83. Suite Suite 409
84. City Ft. Lauderdale
85. Zip Code FL 33308

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

JOHN VAN VORST

8.5.97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Change	<input type="checkbox"/> Addition
NAME MALASKY, JOSEPH J IV		1.2 NAME	
STREET ADDRESS 11211 S. MILITARY TRAIL		1.3 STREET ADDRESS 15-H Glenn Bridge Rd.	
CITY-ST-ZIP BOYNTON BEACH F; 33436		1.4 CITY-ST-ZIP Arden NC 28704	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:

Joseph J. Malasky IV

Joseph J. Malasky IV

9-9-97

704-654-7791

CF2E034 (4/97)