

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000081082 (6)

1. Corporation Name

CARY LINKFIELD, INC.



Principal Place of Business

Mailing Address

2012 OLD OAK LANE
SAFETY HARBOR FL 34695

2012 OLD OAK LANE
SAFETY HARBOR FL 34695

3. Date Incorporated or Qualified 10/19/1995	3a. Date of Last Report
4. FEI Number 59-3343054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAGAN, EDWIN B
2709 ROCKY POINT DR.
SUITE 102
TAMPA FL 33607

81. Name Cary Linkfield	82. Street Address (P.O. Box Number is Not Acceptable) 2012 Old Oak Lane	83. City Safety Harbor	84. Zip Code FL 34695
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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 provisions of, section 607.0505, Florida Statutes.

SIGNATURE

Cary Linkfield

1-23-96

Signature typed or printed name of registered agent and the corporation

(Name of Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	NAME
NAME	STREET ADDRESS	2. TITLE	NAME
CITY-STATE-ZIP	SAFETY HARBOR FL 34695	3. TITLE	NAME
TITLE	NAME	4. TITLE	NAME
NAME	STREET ADDRESS	5. TITLE	NAME
CITY-STATE-ZIP	SAFETY HARBOR FL 34695	6. TITLE	NAME
TITLE	NAME	7. TITLE	NAME
NAME	STREET ADDRESS	8. TITLE	NAME
CITY-STATE-ZIP	SAFETY HARBOR FL 34695	9. TITLE	NAME
TITLE	NAME	10. TITLE	NAME
NAME	STREET ADDRESS	11. TITLE	NAME
CITY-STATE-ZIP	SAFETY HARBOR FL 34695	12. TITLE	NAME
TITLE	NAME	13. TITLE	NAME
NAME	STREET ADDRESS	14. TITLE	NAME
CITY-STATE-ZIP	SAFETY HARBOR FL 34695	15. TITLE	NAME

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)(k), 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 from an attachment with this address.

SIGNATURE:

Cary Linkfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

813-796-6994

Date

Daytime Phone #

CR2E034 (12/95)