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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000046193 (4)

DIRECT LINK, INC. Principal Place of Business Mailing Address 7240 WEST POINTE BLVD.: BUITE 1135 1240 WEST PUNTE BLVD., SUITE 1135 ORLANDO FL 82005 ORLANDO-FI-RESSAG 3. Date Incorporated or Qualified 3a. Date of Last Report 05/24/1996 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LEADLEY, DIANE L CTEMPLY POINTE BLVD.; OUTE 1135 Street Address (P.O. Box Number is Not Acceptable) 83 12107 Windstone Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above samed 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. Law farmular with, and accept the obligations of, Section 607,0505, Florida Statutes. IANE LEADLEY, PRESIDEN 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO FFICERS AND DIBECTORS IN 12 (96/6)13. Addition DELETE TITLE 1.1 TITLE Change PRESIDENT LEADLEY, DIANE L DIANEL NAME 1.2 NAME EADLEY. 2107 WINDSTONE 7240 WEST POINTE BLVD., SUITE 1135 SHOR ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32835 WINTER GAR OFF S 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS C In - St 2. 4 CITY-ST-ZIP DELETE ___ Change Addition THE 3.1 TITLE NAME 3.2 NAME STHEET ADDITION 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHT ST ZIP □ DELETE Change Addition 4.1 TITLE THE NAME 4. 2 NAME 4.3 STREET ADDRESS STREE ADDRESS 4.4 CITY - ST - ZIP CHY-S' 7P DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREE ADDRESS 5.3 STREET ADDRESS CHY-S' 5.4 CITY-ST-ZIP DELETE 1000 Change Addition 6.1 TITLE MAME 6.2 NAME \$TREE1 ADDRESS **6.3 STREET ADDRESS** 0.87 - ST - 71P 6.4 CITY-\$T-ZIP

14. I do hereby certify that the ermation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the innual 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 be sorporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this Lam an officer or director appears in Block 12 or Bl

SIGNATURE:

ANE LEADLEY