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.)

PROFIT CORPORATION ***ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600058372 (9)

MEDIAN INC

FILED 97 AUG -5 PH 3: 55

SHOWER AND UP STATE



WEDLINK, INC.						ASSEE, FLORIDA
Principal Place of Business Mailing Address					T SEELERAL FOR COMPANIES OF THE SECOND S	/BIBL DIER (BIBR 1981)
Principal Place of Business 2256 N.W. FORK ROAD 210 B W. Cican, STUART FL 34994 Stuart, Fla., 34994 Mailing Address Mailing Address 2256 N.W. FORK ROAD - 2/0 B W. Cican, STUART FL 34994 Stuart, Fla., 34994				Z.		
	Stuart, Fla.	Str	eart, Ha.		DO NOT WRITE I	
1			3499		Date Incorporated or Qualified)7/11/1996	3a. Date of Last Report
	Place of Business	2a. Mailing Address	αA	I	FEI Number 65-0685 156	Applied For
21 210 V Suite, Apt	N. Ocean Blvd.	26 210 B W. Oce Suite, Apt. #, etc.	an Blua.	• - '	03-0683 136	Not Applicable
22		27			Certificate of Status Desired	\$8.75 Additional Fee Required
	art Fla.	City & State	Fla.	I	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 349	94 25 U.S.A.	29 34994 30	Country .S.A	I	This corporation owes or has paid Personal Property Tax due June 3	
	9. Name and Address of Current	Registered Agent			Name and Address of New Reg	Istered Agent
	WN, JIMMY M		81 Name	l		
2256 STU	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 pu	
office or a agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State o am papiliar with, and accept the obligat	f Florida, Such change was auth ions of, Section 607,0505, Florid	orized by the corp a Statules.	poration's bo	pard of directors. I hereby accept	the appointment as registered
SIGNATURE	monogue Pre		. BROWN,		SIDENT	
L	Signature, typed of printed name of regy tered agent		gistered Agent signature			DATE
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	TA	DDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12 Change Addition
NAME	BROWN, JIMMY M		1.2 NAME			Change Modifier
STREET ADDRESS	2256 N.W. FORK ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34994		1.4 CITY-ST-ZIP	1		
TITLE	D	DELETE	21 THLE	 		Change Addition
NAME	BROWN, BARBARA A		2 2 NAME			
STREET ADDRESS	2256 N.W. FORK ROAD		2 3 STREET ADDRESS			,
CITY-ST-ZIP	STUART FL 34994		2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	31 TITLE			☐ Change ☐ Add-tion
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. CITY - ST - ZIP			
TITLE F		L DELETE	4.1 TillE		8000008	
NAME			4. 2 NAME		~08/08/8	1(~~U11Ub~~UU3
STREET ODRESS			4.3 STREET ADDRESS		₩###165	5.00 ****165.00
CITY-SI-ZIP		DELETE	4.4 CITY - ST - ZIP	ļ		
TITLE NAME		☐ DELETE	5.1 TITLE			Change Addition
STREET ADDRESS			5.2 NAME			
CITY-ST-ZIP			5.3 STREET ADDRESS			
TITLE		DELFTE	5.4 CITY - ST - ZIP 6.1 TITLE			Change 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 docs 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.

CIGNATIBLE DEGINEED



1776 SE Port St. Lucie Bivd. Port St. Lucie, Florida 34952 Telephone (561) 337-9218 Faceimile (561) 337-9217 Website http://www.tcol.net Email.jimmy@tcol.net RIVERSIDE NATIONAL BANK OF FLORIDA STUART, FL 63-1114/670 010 0578865

7/29/97

PAY TO THE ORDER OF

Florida Department of State

\$ **165.00

DOLLARS

Florida Department of State Division of Corporations Annual Reports Section P. O. Box 1500

MEMO

Tallahassee, Fl 32302-1500

AUTHORIZED SIGNATURE

##ODO 10 1# ##O6 70 1114 2# 10 015175 2#01

É SECURITY FEATURES INCLUDED. DETAILS ON BACK. ÎI 🕳

TREASURE COAST ONLINE

7/29/97

101

Florida Department of State 5115 · Taxes other than Income Taxes

1997 Annual Report Corporate Tax

165.00

Attention: Tracy

Per our telephone conversation, this is to advise we never received the corporate return. It was apparently mailed to our old address, and not forwarded. Thank you for waiving the late fee.

Sincerely yours, Barbara Brown, Vice President Weblink, Inc.

Cash in Bank

165.00