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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000092450**1. Corporation Name

FOOD & COMMODITIES LINK SERVICES, INC.

Principal Place of Business	
11996 NW 11TH ST PEMBROKE PINES FL 33026	

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90073 018 ***150.00

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Principal Place	e of Business	Mailing Address			-		44 60 OF U	#148 1011 B1884	
11996 NW 11TH		11996 NW 11TH ST							
PEMBROKE PIN		PEMBROKE PINES FL 33	026						
					_		RITE IN THIS	SPACE	
					3.	Date Incorporated or Qualifo	₽ď		
	<u></u>	To Mark and design				11/12/1996 FEI Number		- T Ann	lied For
2. Principal Pi	lace of Business	2a. Mailing Address			4.	65-0716577		<u> </u>	olied For Applicable
21	4 -1-	Suite, Apt. #, etc.				00-07 10077		\$8.75 A	
Suite, Apt.	#, etc.	<u></u>			5.	. Certifcate of Status Desired		Fee Re	Ī
City & State		City & State				Election Campaign Financir	_ 	\$5.00	
		28			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Trust Fund Contribution	,a 🗆	Added to	
Z ip	Country	Zip	Coun	ry	8.	. This corporation owes the o	urrent vear Inta	angible	
24	25	29	30	•	"	Personal Property Tax.	anoni your mi		□No
24	9. Name and Address of Curren		100		10.	. Name and Address of Ne	w Registered	Agent	
		·	1	1 Name	7.	111:00	1.		
LO-A	A-NJOE, SEFȚON		-	Chr4	10 - X	P.O. Box Number is Not Acce	TOL.	,	
1199	96 NW-11TH ST		,	Street	a a c	7.0. BOX NUMBER'S NOT AGE			
PEM	IBROKE PINES FL 33026		1	3		<u> </u>			
						·			
			1	City	Plan	fation	FL	85 Zip C	24
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	tutes, the abo	ve-named	corporatio	on submits this statement for t	he nurnose of	changing its	registered
office or r	registered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was	authorized (y the corp	oration's b	oard of directors. I hereby ac	cept the appoir	ntment as reg	jistered
agent. i a	im familiar with, and accept the obliga-	dons of, Section 007.0505, i	iona statut	Ça.					1
									,
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NO	TE: Registered A	gent signature	required when	reinstating)	DATE		<u> </u>
SIGNATURE		n and title if applicable. (NO D DIRECTORS	TE: Registered A	gent signature		reinstating) ADDITIONS/CHANGES TO		D DIRECTO	RS IN 12
		<u> </u>	<u> </u>		PD	ADDITIONS/CHANGES TO		D DIRECTOI	RS IN 12
12.	OFFICERS AN	D DIRECTORS	13.		PD	A-Nive. Sefton	OFFICERS AN		
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12. TITLE NAME STREET ADDRESS	OFFICERS AN PD LO-A-NJOE, SEFTON 11996 NW 11TH ST	D DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STR	E EET ADDRESS -ST-ZIP	PD Lo- 939	A-Nive. Sefton 3 Chelsea Orive	OFFICERS AN		
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CITY-ST-ZIP 6.4 CITY+ST-ZIP 14. I 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, with all other like empowered.

SIGNATURE: