

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90235 023 \*\*\*150.00

0115228

DOCUMENT # P96000092743

1. Corporation Name  
YOURLINK, INC.

Principal Place of Business  
275 MAGNOLIA AVE  
STE 4  
MERRITT ISLAND FL 32952  
US

Mailing Address  
275 MAGNOLIA AVE  
STE 4  
MERRITT ISLAND FL 32952  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1996

4. FEI Number

59-3426474

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 275 Magnolia Ave.

Suite, Apt. #, etc.

22 Suite 4

City & State

23 Merritt Island FL

Zip

24 32952

Country

25 USA

2a. Mailing Address

26 275 Magnolia Ave.

Suite, Apt. #, etc.

27 Suite 4

City & State

28 Merritt Island FL

Zip

29 32952

Country

30 USA

9. Name and Address of Current Registered Agent

ORDONEZ, SHARON  
275 MAGNOLIA AVENUE  
SUITE 4  
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name

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 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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
ORDONEZ, SHARON  
STREET ADDRESS  
2065 LEEWARD LANE  
CITY-ST-ZIP  
MERRITT ISLAND FL

TITLE ☐ DELETE

NAME  
CLARK, STEVE  
STREET ADDRESS  
2065 LEEWARD LN  
CITY-ST-ZIP  
MERRITT ISLAND FL

TITLE ☐ DELETE

NAME  
BRADLEY, RICHARD A  
STREET ADDRESS  
109 LEGION LN  
CITY-ST-ZIP  
COCOA FL

TITLE ☐ DELETE

NAME  
BRADLEY, GINA  
STREET ADDRESS  
109 LEGION LN  
CITY-ST-ZIP  
COCOA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/99

407-632-3767