## FOR PROFIT CORPORATION

## FILED May 07, 2002 8:00 am Secretary of State

UNIFORM BUSINESS	REPORT	(OBK)	<b>,</b>	occi ctai y	or State	
DOCUMENT # P9700073		05-07-2002 90224 049 ***150.00				
Interx Link Technology	WO SCI					
DO NOT WRITE IN	THIS SP	ACE				
4606 S. Clyde Marris Blud. PC	lalling Address  Nox 291,3  Lite, Apt. #, etc.	41		DO NOT WRITE IN THIS SPACE		
City & State	Daytona Beach, FL		4. FEI Number 59 - 344	25718	Applied For Not Applicable	
Zip Country Zi	32129-1241 Volusia			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
Name — 、				7. Name and Address of Current Registered Agent		
DO NOT WRITE  Street Address (F				n 5, 660/d		
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IN THIS SPAC	<b>, E</b>	5 k. a	D '-			
		City Oc.	Hona Beach	n FL	Zip Code	
8. The above named entity submits this statement for the pu	rpose of changing its re	egistered office or regi	· · · · · · · · · · · · · · · · · · ·		Jala	
SIGNATURE Signature, typed or printed name of registered agent and title if a	applicable. (NOTE: F	Registered Agent signature req	uired when reinstating)	DATE	<del></del>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Trust Fund Contribution.  Added to F					\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECT			PERMITTAL PROPERTY	<b>设设等的设建等位的证券</b>	er and a second control of	
Taba S County		THE STATE OF		and the second second	10/	
NAME John S. Gould Morris Blul. St. 20 STREET ADDRESS		NAME STREET ADDRESS		A DECEMBER OF STREET	B (12)	
CITY-SI-ZIP Daytona Bach, FL 32		CITY-ST-ZIP			8	
TITLE SY'NAME John S. Gould .		TITLE	r i de la companya d		CR2E034	
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13. 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 report or supplemental proport 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 of trustee this provered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.						
SIGNATURE:	Q C		4.22.	0Z 386.	322.540	
SIGNATURE: SIGNATURE AND TYPES OR PRINTED N	ME OF SIGNING OFFICER OR	DIRECTOR			ytime Phone #	