

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

APPROVED
FILED

98 OCT -8 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000076830 (3)
1. Corporation Name
G. M. LINK, INC.

Principal Place of Business: 707 CARPENTERS WAY NO 35 LAKELAND FL 33809
Mailing Address: 707 CARPENTERS WAY NO 35 LAKELAND FL 33809

| | | | | | | | | | |
|--------------------------------|----|---------------------|----|---------------------|----|--------------|----|---------|----|
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 2. Principal Place of Business | | 2a. Mailing Address | | Suite, Apt. #, etc. | | City & State | | Zip | |
| 22 | | 27 | | 23 | | 28 | | 24 | |
| City & State | | City & State | | Zip | | Country | | Country | |
| 25 | | 29 | | 30 | | | | | |
| Country | | Country | | Country | | Country | | Country | |

3. Date Incorporated or Qualified: 09/03/1997

4. FEI Number: 59-3464744

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 or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
LINK, GREG
707 CARPENTERS WAY NO 35
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code: FL

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LINK, GREG | 1.2 NAME | |
| STREET ADDRESS | 707 CARPENTERS WAY NO 35 | 1.3 STREET ADDRESS | 000002666000--1 |
| CITY-ST-ZIP | LAKELAND FL 33809 | 1.4 CITY-ST-ZIP | -10/16/98--01106--027 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | ****150.00 ****150.00 |
| NAME | LINK, MARILYN | 2.2 NAME | |
| STREET ADDRESS | 707 CARPENTERS WAY NO 35 | 2.3 STREET ADDRESS | 000002666000--1 |
| CITY-ST-ZIP | LAKELAND FL 33809 | 2.4 CITY-ST-ZIP | -10/16/98--01106--026 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | ****400.00 ****400.00 |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

Handwritten notes and signatures in Block 13, including "10-16-98" and "10-16-98".

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 in an attachment with an address.

SIGNATURE: _____ DATE: 98 10 16 1998

CR2E034 (10/97)