


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

FILED

Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000094049 (8) 1. Corporation Name LINK NETWORK, INC.					
Principal Place of Business 5024 W. NASSAU ST. TAMPA FL 33607			Mailing Address 5024 W. NASSAU ST. TAMPA FL 33607		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1997	
21		26		4. FEI Number 59-3479413	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		25			
g. Name and Address of Current Registered Agent GIBBS, B. GRAY 100 2ND AVE. S., SUITE 704 ST. PETERSBURG FL 33701				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	President/Director	<input type="checkbox"/> DELETE			
NAME	John Redmond				
STREET ADDRESS	7081 Grand National Dr. Ste. 106				
CITY-ST-ZIP	Orlando, FL 32819				
TITLE	Vice President/Director	<input type="checkbox"/> DELETE			
NAME	Dean Tyler				
STREET ADDRESS	310 Coffee Pot Riviera N.E.				
CITY-ST-ZIP	St. Petersburg, FL 33704	<input type="checkbox"/> DELETE			
TITLE	Secretary/Director				
NAME	Gary Wheeler				
STREET ADDRESS	7810 10th Ave. S. St. Pete, FL 33707				
CITY-ST-ZIP					
TITLE	Treasurer/Director	<input type="checkbox"/> DELETE			
NAME	Dan Johnson				
STREET ADDRESS	334 East Lake Rd #144				
CITY-ST-ZIP	Palm Harbor, FL 34685				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 10/29/1997	
4. FEI Number 59-3479413	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	President/Director <input type="checkbox"/> DELETE
NAME	John Redmond
STREET ADDRESS	7081 Grand National Dr. Ste. 106
CITY-ST-ZIP	Orlando, FL 32819
TITLE	Vice President/Director <input type="checkbox"/> DELETE
NAME	Dean Tyler
STREET ADDRESS	310 Coffee Pot Riviera N.E.
CITY-ST-ZIP	St. Petersburg, FL 33704 <input type="checkbox"/> DELETE
TITLE	Secretary/Director
NAME	Gary Wheeler
STREET ADDRESS	7810 10th Ave. S. St. Pete, FL 33707
CITY-ST-ZIP	
TITLE	Treasurer/Director <input type="checkbox"/> DELETE
NAME	Dan Johnson
STREET ADDRESS	334 East Lake Rd #144
CITY-ST-ZIP	Palm Harbor, FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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.

SIGNATURE: Dean Tyler SIGNATURE REQUIRED

1-17-98

CR2E034 (10/97)