Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90075 034 \*\*\*150.00

## 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

## DOCUMENT # P97000100140

1. Corporation Name

RETAIL LINK, INCORPORATED

Principal Place of Business Mailing Address						r comment tid ibite indett antit annit boldt tidit dettt ifått åtdit dett 1881		
7608 WEST DRIVE 7608 WEST DRIVE					•			
WESLEY CHAPEL FL 33544 WESLEY CHAPEL FL 33544								
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						11/21/1997		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26	3			59-3481570 Not Applicable		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional		
22		27	27			5. Certificate of Status Desired Fee Required		
City & Sta	City & State	y & State						
23		28	<del></del>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Co	ountry				
24	25 29 30				8. This corporation owes the current year Intangible     Personal Property Tax.			
9. Name and Address of Current Registered Agent			30	30		The state of the s		
	5. Name and Address or Guitern	Negistered Agent		81	Name	10. Name and Address of New Registered Agent		
STULL, R J				"	Name			
602 SOUTH BOULEVARD				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
TAMPA FL 33606								
1Ami A 1 L 55000				83				
1				84	City	lee Lee Lee		
				04	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida S	Statutes, the	above	-named corp	noration submits this statement for the purpose of shonging its registered		
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Such change v	vas authorize	ed by I	the corporat	ion's board of directors. I hereby accept the appointment as registered		
_	in lamilal with, and accept the obligation	ons of, Section 607.050:	o, Fiorida Sta	nutes.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	ÖIOTE: Desister			ed when reinstating) DATE		
12.	OFFICERS AND		13		signature requir	· · · · · · · · · · · · · · · · · · ·		
TITLE	D	DELET		TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	GREEN, KATE			NAME		(*) Orlange   Modulon		
	7608 WEST DRIVE							
STREET ADDRESS	_		1.33	STREET	ADORESS			
CITY-ST-ZIP	WESLEY CHAPEL FL 33544			CITY-ST	- ZIP			
TITLE	•	☐ DELET	E 2.1	TITLE		☐ Change ☐ Addition		
NAME			2.21	VAME				
STREET ADDRESS	ADDRESS 2.3		2.3 5	STREET.	ADDRESS			
CITY-ST-ZIP	IP 2.4		CITY-S7	-ZIP				
TITLE			TITLE	-	Change Addition			
NAME	l			VAME		The state of the s		
STREET ADDRESS					*DDD555	·		
					ADDRESS			
CITY-ST-ZIP		Попе		CITY-ST	-ZIP			
1		☐ DELET	4,11	MLE		☐ Change ☐ Addition		
NAME			4.2	NAME				

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, pr on an attach prient with an address, with all other like empowered.

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

TITLE

NAME

NAME

☐ DELETE

☐ DELETE

☐ Change

Change

☐ Addition

Addition