

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90009 002 ***150.00

07-13-1999 90009 029 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000043419

1. Corporation Name
RUG LINK, INC.

Principal Place of Business

C/O P. SCOTT HAYIM
 4700 N.W. 26TH WAY
 BOCA RATON FL 33434

Mailing Address

C/O P. SCOTT HAYIM
 4700 N.W. 26TH WAY
 BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1998

4. FEI Number

65-0836793

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
 Added to Fees

8. This corporation owes the current year Intangible
 Personal Property Tax.

☐ Yes☒ No

9. Name and Address of Current Registered Agent

HAYIM, P. SCOTT
 4700 N.W. 26TH WAY
 BOCA RATON FL 33434

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

P. Scott Hayim

6-15-99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYIM, P. SCOTT	
STREET ADDRESS	4700 N.W. 26TH WAY	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HAYIM, P. SCOTT	
1.3 STREET ADDRESS	4700 NW 26th WAY	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
2.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HAYIM, MELANIE	
2.3 STREET ADDRESS	4700 N.W. 26th Way	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

P. Scott Hayim

Date

Daytime Phone #

561-988-5595

CR2E034 (11/98)



587151-9009-29
P98000043419

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 1, 1999

RUG LINK, INC.
C/O P. SCOTT HAYIM
4700 N.W. 26TH WAY
BOCA RATON, FL 33434

SUBJECT: RUG LINK, INC.

Ref. Number: P98000043419

Please be advised, we have received your Annual Report for the above corporation and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORTS SECTION
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