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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90262 033 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000064975

1. Corporation Name
SUPERLINK, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 777 S FLAGLER DR. STE 300 EAST WEST PALM BEACH FL 33401	Mailing Address 777 S FLAGLER DR. STE 300 EAST WEST PALM BEACH FL 33401
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3. Date Incorporated or Qualified
07/23/1998

2. Principal Place of Business 21 5815 2nd Avenue Drive NW Suite, Apt. #, etc.	2a. Mailing Address 26 5815 2nd Avenue Drive NW Suite, Apt. #, etc.
22 City & State 23 Bradenton FL	27 City & State 28 Bradenton FL
24 Zip 34209 25 Country USA	29 Zip 34209 30 Country USA

4. FEI Number
65-0887710 Applied For
 Not Applicable

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

GLEIM, LORIE
777 S FLAGLER DR, STE 300 EAST
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name **Michael Adams**

82 Street Address (P.O. Box Number is Not Acceptable)
5815 2nd Avenue Drive NW

83

84 City **Bradenton** FL 85 Zip Code **34209**

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 *Michael D. Adams* DATE **4-21-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Chairman of the Board, Director
1.3 STREET ADDRESS	Bart Flaherty
1.4 CITY-ST-ZIP	5815 2nd Avenue Drive NW → C,D,S,P Bradenton FL 34209
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vice-Chairman, Director, Treasurer
2.3 STREET ADDRESS	Michael Adams
2.4 CITY-ST-ZIP	11403 Pine Lilly Place → V,T,D Bradenton, FL. 34202
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: *Michael D. Adams* DATE **4-21-99** DAYTIME PHONE # **941-751-9601**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)