

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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90115 008 \*\*\*150.00

DOCUMENT # P98000103084

1. Corporation Name  
SUCCESS-LINKS, INC.



Principal Place of Business  
1402 COUNTY RIDGE PLACE  
ORLANDO FL 32835

Mailing Address  
1402 COUNTY RIDGE PLACE  
ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5790 HOFFNER AVE

Suite, Apt. #, etc.

22 SUITE 507

City & State

23 ORLANDO, FL

Zip

24 32822

Country

25 ORANGE

2a. Mailing Address

26 5790 HOFFNER AVE

Suite, Apt. #, etc.

27 SUITE 507

City & State

28 ORLANDO, FL

Zip

29 32822

Country

30 ORANGE

3. Date Incorporated or Qualified

12/09/1998

4. FEI Number

59-3546516

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

MOORE, MICHAEL L ESQ.  
5458 HOFFNER AVE., SUITE 303  
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name

NAREN GANDHI

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

1402 COUNTRY RIDGE PL.

83

84 City

ORLANDO

FL

85 Zip Code

32835

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 NAREN GANDHI

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE

NAME NAREN GANDHI

STREET ADDRESS 1402 COUNTRY RIDGE PL.

CITY-ST-ZIP ORLANDO, FL 32835

TITLE VICE-PRESIDENT ☐ DELETE

NAME HAROLD BIGGS

STREET ADDRESS 14526 SPORTS CLUB WAY

CITY-ST-ZIP ORLANDO, FL 32837

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: K. J. [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99

737-1230

CR2E034 (11/98)