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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # S01727

1. Corporation Name
INTERNATIONAL LINKS, INC.

Principal Place of Business
11239 ST JOHNS IND. PKWY
STE 5
JACKSONVILLE FL 32246
US

Mailing Address
11239 ST JOHNS IND. PKWY
STE 5
JACKSONVILLE FL 32246
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/15/1990

4. FEI Number
59-3026139

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

BURCH, JOSEPH R
2150 OLD BARN RD
PONTE VEDRA BCH FL 32082

10. Name and Address of New Registered Agent

81 Name
James J. Collins Jr.

82 Street Address (P.O. Box Number is Not Acceptable)
1152 Creeks Edge Court

83

84 City
Ponte Vedra Beach

85 Zip Code
FL 32282

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 *James J. Collins Jr.* DATE 4/12/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	President + CEO
NAME	BURCH, JOSEPH R.	1.2 NAME	James J. Collins Jr.
STREET ADDRESS	2150 OLD BARN RD	1.3 STREET ADDRESS	1152 Creeks Edge Court
CITY-ST-ZIP	PONTE VEDRA BCH FL	1.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32282
TITLE	DVP	2.1 TITLE	Vice President + Secretary
NAME	O'DONNELL, MICHAEL P.	2.2 NAME	Michael Lynn
STREET ADDRESS	109 NICHOLS RD	2.3 STREET ADDRESS	Fairmont 17 Ledcamer Rd
CITY-ST-ZIP	COHASSET MA	2.4 CITY-ST-ZIP	Beardsen Glasgow 661 4AB (Scotland)
TITLE	D	3.1 TITLE	
NAME	BEVERIDGE, J D C	3.2 NAME	
STREET ADDRESS	CASTLE BANK ST, STAG HSE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GLASGOW, SCOTLAND	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	BURCH, JOANNE M	4.2 NAME	
STREET ADDRESS	2150 OLD BARN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *James J. Collins Jr.* DATE 4/11/99 DAYTIME PHONE 642-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Jim Collins, Jr.

CR2E034 (11/98)