

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S17798 (7)

1. Corporation Name

ADLINK COMMUNICATIONS CORPORATION



Principal Place of Business

Mailing Address

1167 HILLSBORO MILE, SUITE 207  
HILLSBORO BEACH FL 33062

P. O. BOX 512 N/A  
DEERFIELD BEACH FL 33443-0512  
US

2. Principal Place of Business

2a. Mailing Address

21 1155 Hillsboro Mile

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22 110

27

City & State

City & State

23 Hillsboro Bch, FL

28

Zip

Country

Zip

Country

24 33062

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/07/1990

3a. Date of Last Report

08/15/1995

4. FEI Number

65-0231456

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

DEROY, DONALD J.  
1167 HILLSBORO MILE  
SUITE 207  
HILLSBORO BEACH FL 33062

81 Name

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

1155 Hillsboro Mile

83

# 110

84

Hillsboro Bch

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 office if applicable

(Not for Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME DEROY, LESLIE JAE  
STREET ADDRESS 1167 HILLSBORO MILE  
CITY - ST - ZIP HILLSBORO FL

TITLE D ☐ DELETE

NAME DEROY, DONALD J.  
STREET ADDRESS 1167 HILLSBORO MILE  
CITY - ST - ZIP HILLSBORO FL

TITLE SD ☐ DELETE

NAME DEROY, JOAN  
STREET ADDRESS 1167 HILLSBORO MILE  
CITY - ST - ZIP HILLSBORO FL

TITLE VT ☐ DELETE

NAME DEROY, VALERIE J.  
STREET ADDRESS 1167 HILLSBORO MILE  
CITY - ST - ZIP HILLSBORO FL

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

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Leslie JAE DeRoy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-96

Date

954-698-9883

Daytime Phone

CR2E034 (3/96)