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**

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90118 015 ***150.00

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1. Corporation Name

PAT-CARMAN MARKET LINKS, INC.

Principal Plac	e of Business	Mailing Address		_		-{ 	IY BUILL BIRKA IDII BIRIK	41661 BIBIL U4811 B	
811 S.W. 11TH	STREET	811 S.W. 11TH STREET							
SHITE 723 MIAMI FL 33129 MIAMI FL 33129					DO NOT WRITE IN THIS SPACE				
US US US					3. Date Incorporated or Qualifed				
						01/02/1991			
2. Principal P	Place of Business	2a. Mailing Address				4, FEI Number		Ap	plied For
21		26				65-0244970		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status De	sired 🗌	\$8.75 A	I .
22 City 9 Ctat	<u> </u>	City & State				• Fl4 C			
City & Stat	le	28				6. Election Campaign Fina Trust Fund Contribution	- []	\$5.00 Added to	
Zip	Country	Zip	Cou	ntry		8. This corporation owes to			m.,
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curr	ent Registered Agent		81 1	Name	10. Name and Address of	r New Registered	Agent	
CAR	RMAN, PAT								
8	unicus, 1711			82 5	Street Addres	ss (P.O. Box Number is Not	Acceptable)		
	S.W. 11TH STREET			83					
Miai	MI FL 33129			84 (City		<u>′</u> ,	85 Zip 0	Code
							FL		rogistered
l office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta	ite of Florida. Such change was a	uthorized	by the	e corporation	ration submits this statement n's board of directors. I hereb	y accept the appo	intment as re	gistered
agent. I a	am familiar with, and accept the obli	igations of, Section 607.0505, Flo	rida Statu	ıtes.					
						•			
SIGNATURE	Standure typed or printed name of registered a				gnature required v	when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered a				gnature required v	when reinstating) ADDITIONS/CHANGES		ND DIRECTO	RS IN 12
		agent and title if applicable. (NOTE	. Registered	Agent sig	ignature required v			ND DIRECTO	RS IN 12
12.	OFFICERS	agent and title if applicable. (NOTE	Registered	Agent sig	ignature required v				
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6.4 CMY-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:

CITY-ST-ZIP