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FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V35912 (7)

1. Corporation Name
EVENT LINKS, INC.



Principal Place of Business

Mailing Address

% GORDON J. MCKNIGHT
1501 CORPORATE DR.
BOYNTON BEACH FL 33436

% GORDON J. MCKNIGHT
1501 CORPORATE DR. #230
BOYNTON BEACH FL 33436
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

33426

25 US

29 33426

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/11/1992

4. FEI Number

65-0329733

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing

XX

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. XX Yes ☐ No

10. Name and Address of New Registered Agent

MCKNIGHT, GORDON JOHN
126 ROOSEVELT PLACE
WEST PALM BEACH FL 33405

81 Name KERRY R. SCHWENCKE P.A.

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

1645 PALM BEACH LAKES BLVD

83 SUITE 720

84 City WEST PALM BEACH

FL

85 Zip Code 33401

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME MCKNIGHT, GORDON JOHN
STREET ADDRESS 126 ROOSEVELT PLACE
CITY-ST-ZIP WEST PALM BEACH FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME EVELYN RUMMELL
1.3 STREET ADDRESS 1845 PALM COVE BLVD #302
1.4 CITY-ST-ZIP DELRAY BEACH, FLORIDA 33445

TITLE ☒ DELETE
NAME RYAN, SUSAN R.
STREET ADDRESS 1078 MANOR DR
CITY-ST-ZIP PALM SPRINGS FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME KARLA WALLACE
2.3 STREET ADDRESS 285 NW 45TH TERRACE
2.4 CITY-ST-ZIP DEERFIELD BEACH, FLORIDA 33442

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME NANCY C. SCHAUB
3.3 STREET ADDRESS 1515 S. Flagler Drive Unit 1204
3.4 CITY-ST-ZIP West Palm Beach, Florida 33401

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE

2/4/98

CR2E034 (10/97)