FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 3:38

DOCUMENT # **V42382** **(4)**

1. Corporation Name
MARKET LINK SERVICES, INC.

Principal Place of Business	Mailing Address
130 LIVE OAK BLVD. 235 MAITLAND AVENUE CASSELBERRY FL 32707 US	240 KILLARNEY BAY CT. WINTER PARK FL 32789 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/05/1992
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: 130 LIVE OAK BLVD
22 Suite, Apt. #, etc.: CASSELBERRY, FL
23 City & State: 32707 USA
24 Zip:
25 Country:

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 59-3130974 ☐ 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

9. Name and Address of Current Registered Agent

POPADITCH, ROBERT A.
240 KILLARNEY BAY COURT
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	POPADITCH, ROBERT A.	1.2 NAME		
STREET ADDRESS	240 KILLARNEY BAY COURT	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	DONZELLI, PETER J.	2.2 NAME		
STREET ADDRESS	14516 MORNINGSIDE	2.3 STREET ADDRESS		
CITY-ST-ZIP	OLAND PARK IL 60462	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	DONZELLI, LINDA	3.2 NAME		
STREET ADDRESS	14516 MORNIGSIDE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLAND PARK IL 60462	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	PODADITCH, SUZANNE M.	4.2 NAME		
STREET ADDRESS	240 KILLARNEY BAY CT.	4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: R. A. POPADITCH JAN 19, 1995 (407) 834 7378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044870 CP