

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>V42382</b> (4)			
1. Corporation Name <b>MARKET LINK SERVICES, INC.</b>			
Principal Place of Business <b>130 LIVE OAK BLVD 236 MATLAND AVENUE CASSELBERRY FL 32707 US</b>		Mailing Address <b>240 KILLARNEY BAY CT. WINTER PARK FL 32789-2807 US</b>	
2. Principal Place of Business 21 <b>130 LIVE OAK BLVD</b> Suite, Apt. #, etc. 22 <b>CASSELBERRY, FL</b> City & State 23 <b>32707</b> Zip 24 <b>US</b> Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 <b>CASSELBERRY, FL</b> City & State 28 <b>32707</b> Zip 29 <b>US</b> Country	
3. Date Incorporated or Qualified <b>06/05/1992</b>		3a. Date of Last Report <b>04/10/1996</b>	
4. FEI Number <b>59-3130974</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>POPADITCH, ROBERT A. 240 KILLARNEY BAY COURT WINTER PARK FL 32789</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>POPADITCH, ROBERT A. 240 KILLARNEY BAY COURT WINTER PARK FL 32789</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>(DIRECTOR AND PRESIDENT)</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D P</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> DELETE <b>DONZELLI, PETER J. 14516 MORNINGSIDE ORLAND PARK IL 60462</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> DELETE <b>DONZELLI, LINDA 14516 MORNINGSIDE ORLAND PARK IL 60462</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>POPADITCH, SUZANNE M. 240 KILLARNEY BAY CT. WINTER PARK FL 32789</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(DIRECTOR &amp; OFFICER) D V</b> <input type="checkbox"/> DELETE <b>POPADITCH, ROBERT S. 2200 HUNTERFIELD ROAD MATLAND, FL 32751</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: **Robert A. Popaditch** **ROBERT A. POPADITCH** 2/11/97 407 834 7328  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)