

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 22 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V63709** (2)

1. Corporation Name
PROPERTY LINK INTERNATIONAL, INC

Principal Place of Business Mailing Address
41280 US 19 NORTH #37 TARPON SPRINGS FL 34689 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/14/1992	06/15/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3142999	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	B. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOTTLIEB & GOTTLIEB, P.A. 2475 ENTERPRISE RD. #108 CLEARWATER FL 34623				81 Name	Ina Mills		
				82 Street Address (P.O. Box Number is Not Acceptable)	435 Meadowlark Lane		
				83	Pat		
				84 City	Palm Harbor,	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: *Ina Mills* 3/15/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	President/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INA MILLS	1.2 NAME	Ina Mills
STREET ADDRESS	435 MEADOWLARK LN.	1.3 STREET ADDRESS	435 Meadowlark Lane
CITY, ST, ZIP	PALM HARBOR FL 34683	1.4 CITY, ST, ZIP	Palm Harbor, FL 34683
TITLE	PD	2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAYSON, ELAINE	2.2 NAME	Buell B. Mills
STREET ADDRESS	679 BROADWAY	2.3 STREET ADDRESS	435 Meadowlark Lane
CITY, ST, ZIP	DUNEDIN FL 34698	2.4 CITY, ST, ZIP	Palm Harbor, FL 34683
TITLE		3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Ronald L. Huebner
STREET ADDRESS		3.3 STREET ADDRESS	2539 Gary Circle #306
CITY, ST, ZIP		3.4 CITY, ST, ZIP	Dunedin, FL 34698
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 199.02(3)(b), 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 on or after the date of filing. 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: *Ina Mills, President (Ina Mills)* 3/15/95 (813) 938-5566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
OFFICE OF THE SECRETARY OF STATE
UNIVERSITY OF FLORIDA, TALLAHASSEE, FLORIDA 32310-0001

DOCUMENT # **V65744**

(7)

1. Corporation Name
SAN MANATEE, INC.

Principal Place of Business: **1637 SE PARADISE CIRCLE E UNIT 306 CRYSTAL RIVER FL 34429**
Mailing Address: **1637 SE PARADISE CIRCLE E UNIT 306 CRYSTAL RIVER FL 34429**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/22/1992** 3a. Date of Last Report: **06/14/1994**
4. FEI Number: **59-3147400**
5. Certificate of Status: Domestic **\$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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**SAN MANATEE, INC.
1637 S.E. PARADISE CIRCLE EAST
UNIT 306
CRYSTAL RIVER FL 34429**

10. Name and Address of New Registered Agent

81 Name: *see copies*
82 Street Address (P.O. Box Number is Not Acceptable): *of letters*
83 City: *Attached*
84 City: **FL** 85 Zip Code: **FL**

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 any)

(Name of Registered Agent (signature required when registered)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PVPT
NAME	BERTOLOTTI, ALEXANDER
STREET ADDRESS	1637 SE PARADISE CIR E, UNIT 306
CITY - ST - ZIP	CRYSTAL RIVER FL 34429
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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*TAW
5/22/95*

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 199.032, 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 addition.

SIGNATURE: *Alexander J. Bertolotti*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3/15/95

904.795-3013

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: San Manatee, Inc.

1b. The mailing address of the corporation is: 1637 SE Paradise Circle E, Unit 306, Crystal River, FL 34429

1c. Date of incorporation: 9/22/92 Document number: V65744

2. The name and address of the current registered agent and office:

San Manatee, Inc
1637 SE Paradise Circle E,
Unit 306
Crystal River, FL 34429

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Alexander Bertolotti
1637 SE Paradise Circle E,
Unit 306
Crystal River, FL 34429

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature of Alexander J. Bertolotti, Pres.]
(Signature of an officer, chairman or vice chairman of the board)

1/28/95
(Date)

A. Bertolotti
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature of Alexander J. Bertolotti]
(Signature of Registered Agent)

1/28/95
(Date)

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