

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V63709 (2)
 1. Corporation Name: **PROPERTY LINK INTERNATIONAL, INC**



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

3. Date Incorporated or Qualified 09/14/1992	3a. Date of Last Report 03/22/1995
4. FEI Number 59-3142999	Applied For 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	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt #, etc	26. Suite, Apt #, etc
23. City & State	27. City & State
24. Zip	28. Country
25. Country	29. Zip
30. Country	

9. Name and Address of Current Registered Agent

**MILLS, INA
435 MEADOW LARK LANE
PALM HARBOR FL 34683**

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 _____ (Signature typed or printed name of registered agent and title in parentheses) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, INA	1.2 NAME	
STREET ADDRESS	435 MEADOW LARK LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, BUELL B	2.2 NAME	
STREET ADDRESS	435 MEADOW LARK LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUEBNER, RONALD L.	3.2 NAME	
STREET ADDRESS	2539 GARY CIRCLE #306	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Gerald R. Wendel
STREET ADDRESS		4.3 STREET ADDRESS	4850 Osprey Dr. S., Unit 206
CITY-ST-ZIP		4.4 CITY-ST-ZIP	St. Petersburg, FL 33711
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	

Gerald R. Wendel
 4850 Osprey Dr. S., Unit 206
 St. Petersburg, FL 33711

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)(k), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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, PRES.)* 8/4/96 (813) 938-5566
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE TO BE FILED

CR2E034 (3/96)