

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

FILED
May 18 1998 8:00am
Secretary of State



PROFIT CORPORATION
 ANNUAL REPORT
1998

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

DOCUMENT # V63709 (2)
 1. Corporation Name
PROPERTY LINK INTERNATIONAL, INC



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

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 41264 U.S. 19 North Suite, Apt. #, etc. 22 | 2a. Mailing Address 26 41264 U.S. 19 North Suite, Apt. #, etc. 27 |
| City & State 23 Tarpon Springs, FL | City & State 28 Tarpon Springs, FL |
| Zip 24 FL 34689 | Country 25 USA |
| Zip 29 34689 | Country 30 USA |

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 09/14/1992 | Applied For Not Applicable |
| 4. FEI Number 59-3142999 | |
| 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLS, INA | 1.2 NAME | |
| STREET ADDRESS | 610 GREEN VALLEY ROAD UNIT H3 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM HARBOR FL | 1.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 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 <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUEBNER, RONALD L. | 3.2 NAME | |
| STREET ADDRESS | 2539 GARY CIRCLE #308 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | 3.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WENDELL, GERLAD | 4.2 NAME | |
| STREET ADDRESS | 4850 OSPREY DRIVE SOUTH UNIT 206 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 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.

CP2E034 (10/97)