

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

0498193

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90197 002 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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



Principal Place of Business
 41264 US 19 N
 TARPON SPRINGS FL 34689
 US

Mailing Address
 41264 US 19 N
 #37
 TARPON SPRINGS FL 34689
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

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

3. Date Incorporated or Qualified
09/14/1992

4. FEI Number
59-3142999

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 owes the current year Intangible Personal Property Tax. Yes 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, INA	1.2 NAME	Mills, Ina
STREET ADDRESS	610 GREEN VALLEY ROAD UNIT H3	1.3 STREET ADDRESS	435 Meadow Lark Lane
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	Palm Harbor, FL 34683
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	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDELL, GERLAD	3.2 NAME	
STREET ADDRESS	4850 OSPREY DRIVE SOUTH UNIT 206	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Ubalini, Gary A.
STREET ADDRESS		4.3 STREET ADDRESS	3191 Valemoor Dr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Palm Harbor, FL 34685
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Ubalini, Nicola S.
STREET ADDRESS		5.3 STREET ADDRESS	3191 Valemoor Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Palm Harbor, FL 34685
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Freel, Kevin D.
STREET ADDRESS		6.3 STREET ADDRESS	P.O. Box 4641
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Clearwater, FL 33758

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, with all other like empowered.

SIGNATURE: Ina Mills Ina Mills President/Treasurer 5/3/99 (727) 938-5566
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)