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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V70091** (6)
1. Corporation Name
LANDLINK CORP.

Principal Place of Business

**3033 RIDGEVALE CIRCLE
VALRICO FL 33594
US**

Mailing Address

**P.O. BOX 788
VALRICO FL 33594**

3. Date Incorporated or Qualified
10/09/1992

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

21 1958 Massachusetts Ave. N.E.

2a. Mailing Address

26 5259 Lakesprings Dr

4. FEI Number
59-3150185

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 St. Petersburg, FL

City & State

28 Atlanta, GA

Zip

24 33703

Country

25 USA

Zip

29 30338

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRANK, STACY C
100 N. TAMPA ST.
P.O. BOX 3328
TAMPA FL 33601**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

100 N. TAMPA ST SUITE 2500

P.O. BOX 1991

84 City

TAMPA

FL

85 Zip Code
33601

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 the corporation)

Signature (Typed or printed name of registered agent and the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D ROZEMAN, PAUL**
STREET ADDRESS **3033 RIDGEVALE CIRCLE**
CITY-ST-ZIP **VALRICO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **5259 Lakesprings DR.**
1.4 CITY-ST-ZIP **Atlanta, GA 30338**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
200001939302
-09/05/96--01025--004
******225.00 ****225.00**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-96

DATE

770-986 8123

DATE AND PHONE

CR2E034 (12/95)