

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

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 425625 (1)

1. Corporation Name
KARLINK, INC.



Principal Place of Business 3570 CONSUMER ST 5 RIVIERA BEACH FL 33404 US	Mailing Address 3570 CONSUMER ST 5 RIVIERA BEACH FL 33404 US
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3. Date Incorporated or Qualified 05/14/1973	3a. Date of Last Report 03/31/1995
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2. Principal Place of Business 21 2005 BEDFORD DRIVE Suite, Apt. #, etc.	2a. Mailing Address 26 2005 BEDFORD DRIVE Suite, Apt. #, etc.
22 City & State LAKEPARK, FL 33403	27 City & State LAKEPARK, FL 33403
24 Zip 33403 Country US	29 Zip 33403 Country US

4. FEI Number 59-1556859	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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GUTMAN, HARRY V. 3570 CONSUMER ST, SUITE 5 RIVIERA BEACH FL 33404	10. Name and Address of New Registered Agent 81 Name GUTMAN, HARRY V 82 Street Address (P.O. Box Number is Not Acceptable) 2005 BEDFORD DRIVE 83 84 City LAKEPARK, FL FL 85 Zip Code 33403
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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 _____ DATE **4/27/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	GUTMAN, HARRY, V.
STREET ADDRESS	3570 CONSUMER ST
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	GUTMAN, LISA
STREET ADDRESS	6850 S.W. 54 LN.
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GUTMAN, HARRY V
1.3 STREET ADDRESS	2005 BEDFORD DRIVE
1.4 CITY-ST-ZIP	LAKEPARK, FL 33403
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LISA GUTMAN DUSSELIER
2.3 STREET ADDRESS	25501 E 99th. STREET
2.4 CITY-ST-ZIP	LEE'S SUMMIT, MO 64086
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, on an attachment with an address.

SIGNATURE:  APRIL 27th.96 407-842-2568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time/Phone #

CR2E034 (12/95)