

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P40346** (9)  
1. Corporation Name  
**GLOBAL TEL\*LINK CORPORATION**



Principal Place of Business  
**2609 CAMERON STREET  
MOBILE AL 36607**

Mailing Address  
**2609 CAMERON STREET  
MOBILE AL 36607**

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

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

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

3. Date Incorporated or Qualified **09/03/1992** 3a. Date of Last Report **06/27/1995**

4. FEI Number **63-1071001** Applied For Not Applicable

5. Change 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

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 607.0702 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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of the person who is authorized to execute this report on behalf of the corporation. (Print name and title.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MATTON, CLERMONT</b>	
STREET ADDRESS	<b>2609 CAMERON ST</b>	
CITY-ST-ZIP	<b>MOBILE AL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BUFFIERE, GERARD</b>	
STREET ADDRESS	<b>2609 CAMERON ST</b>	
CITY-ST-ZIP	<b>MOBILE AL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, JIM</b>	
STREET ADDRESS	<b>2609 CAMERON ST</b>	
CITY-ST-ZIP	<b>MOBILE AL</b>	
TITLE	<b>DAS</b>	<input type="checkbox"/> DELETE
NAME	<b>GAUDIER, DALE V</b>	
STREET ADDRESS	<b>2609 CAMERON ST</b>	
CITY-ST-ZIP	<b>MOBILE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SHEPARD, WILLIAM F</b>	
STREET ADDRESS	<b>2609 CAMERON ST</b>	
CITY-ST-ZIP	<b>MOBILE AL</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HEBERT, KENNETH</b>	
STREET ADDRESS	<b>2609 CAMERON ST</b>	
CITY-ST-ZIP	<b>MOBILE AL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jean Paul Bize</b>	
STREET ADDRESS	<b>277 Park Avenue</b>	
CITY-ST-ZIP	<b>New York, NY 10172</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Teresa Ridgeway</b>	
STREET ADDRESS	<b>2609 Cameron St.</b>	
CITY-ST-ZIP	<b>Mobile, AL 36607</b>	
TITLE	<b>D/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>James J. Davis</b>	
STREET ADDRESS	<b>8258 Greenbriar Circle</b>	
CITY-ST-ZIP	<b>Chesapeake, VA 23320</b>	
TITLE	<b>D/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D/S</b>	
STREET ADDRESS	<b>277 Park Avenue</b>	
CITY-ST-ZIP	<b>New York, NY 10172</b>	
TITLE	<b>T/C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Scott Kazem</b>	
STREET ADDRESS	<b>2609 Cameron Street</b>	
CITY-ST-ZIP	<b>Mobile, AL 36607</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 trustee 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 I am not an officer or director of the corporation with an address.

SIGNATURE: *Scott Kazem* **Scott Kazem** Treasurer 2-26-96 334-479-4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)