

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified 09/03/1992	
4. FEI Number 63-1071001	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BIZE, JEAN P
STREET ADDRESS	277 PARK AVE
CITY-ST-ZIP	NEW YORK NY 10172
TITLE	AS <input type="checkbox"/> DELETE
NAME	RIDGEWAY, TERESA
STREET ADDRESS	2609 CAMERON ST
CITY-ST-ZIP	MOBILE AL
TITLE	D <input type="checkbox"/> DELETE
NAME	DAVIS, JAMES J
STREET ADDRESS	8258 GREENBRIAR CIR
CITY-ST-ZIP	CHESAPEAKE VA 23320
TITLE	SD <input type="checkbox"/> DELETE
NAME	GUNDERSON, JAMES L
STREET ADDRESS	277 PARK AVE
CITY-ST-ZIP	NEW YORK NY
TITLE	TC <input type="checkbox"/> DELETE
NAME	ZITO, MIKE
STREET ADDRESS	2609 CAMERON ST
CITY-ST-ZIP	MOBILE AL
TITLE	VP <input type="checkbox"/> DELETE
NAME	PETERSON, BRYAN
STREET ADDRESS	1601 TECHNOLOGY DR
CITY-ST-ZIP	SAN JOSE CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JURROU SCHOOANDEEK
1.3 STREET ADDRESS	277 PARK AVE
1.4 CITY-ST-ZIP	NEW YORK NY 10172
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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.

SIGNATURE *Bryan Peterson* 2/1/98 (408) 432-5329

CR2E034 (10/97)