

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

APPROVED
AND
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97 JUL 14 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra E. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000038010 (0)

1. Corporation Name
GLOBALINK SERVICES, INC.



Principal Place of Business 3400 S TAMiami TRAIL, SUITE 303 SARASOTA FL 34239	Mailing Address 3400 S TAMiami TRAIL, SUITE 303 SARASOTA FL 34239-8023
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2. Principal Place of Business	2a. Mailing Address
21 8910 N. DALE MARY	26 P.O. BOX 142
22 SUITE 23	27
23 TAMPA, FLORIDA	28 LUTZ, FLORIDA
24 33614	29 33548

3. Date Incorporated or Qualified 05/02/1996	3a. Date of Last Report
4. FEI Number 65-0665879	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JAENSCH, PETER J
3400 S TAMiami TRAIL, SUITE 303
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name **MARK R. DOWD**

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

83 **SUITE 3**

84 City **TAMPA** FL 85 Zip Code **33602**

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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]* **MARK R. DOWD** DATE **4/17/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	FEDENK, WILHELM
STREET ADDRESS	1901 BRINSON RD #28
CITY-ST-ZIP	LUTZ FL 33549
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	P.O. Box 142 N/A
1.4 CITY-ST-ZIP	Lutz, FL 33548
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	600002240056--2
2.3 STREET ADDRESS	-07/16/97--01109--011
2.4 CITY-ST-ZIP	****165.00 ****165.00
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	<i>[Signature]</i>
5.3 STREET ADDRESS	7/14/97
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 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.

CR2E034 (9/96)