

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90176 012 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000038010**

1. Corporation Name  
**GLOBALINK SERVICES, INC.**



Principal Place of Business P.O. BOX 2163 LUTZ FL 33548	Mailing Address P.O. BOX 2163 LUTZ FL 33548
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
**05/02/1996**

21. Principal Place of Business Suite, Apt. #, etc. <b>21531 Village Lake Center</b> <b>Land O Lakes, FL</b>	22. Mailing Address Suite, Apt. #, etc. <b>21531 Village Lake Center</b> <b>Land O Lakes</b> <b>FL</b>
23. Zip <b>34639</b>	24. Country <b>US</b>

4. FEI Number <b>65-0665879</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~DOLAN, MARK R~~  
~~112 EAST STREET~~  
~~SUITE B~~  
~~TAMPA FL 33602~~

10. Name and Address of New Registered Agent

81 Name **PETER J. JAENSCH**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2198 Main St.**  
 84 City **SARASOTA, FL** 85 Zip Code **34237**

11. Pursuant to the provisions of Sections 607.0501 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]* **PETER J. JAENSCH** DATE: **3-9-99**

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

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>FEDENK, WILHELM</b>	
STREET ADDRESS	<b>P.O. BOX 2169</b>	
CITY-ST-ZIP	<b>LUTZ FL 33548</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	<b>21531 Village Lake Center</b>		
1.4 CITY-ST-ZIP	<b>Land O Lakes, FL 34639</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 with a other like empowered.

SIGNATURE: *[Signature]* **WILHELM FEDENK, Director** DATE: **3/9/99** DAYTIME PHONE #: **813-949-4275**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)