

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
98 DEC 17 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # A28546
DATALINC, LTD.	



Mailing Address 1641 COMMERCE AVE., NORTH ST. PETERSBURG FL 33716	Principal Office Address 1641 COMMERCE AVE., NORTH ST. PETERSBURG FL 33716	3. Date Formed or Registered 06/26/1989	5a. Capital Contributions as Shown on record. \$1,632,000.00
2. Mailing Address 100 2nd Ave South Suite, Apt. #, etc. # 901 City & State St. Petersburg, FL Zip 33701 Country USA	2a. Principal Office Address 100 2nd Ave. South Suite, Apt. #, etc. # 901 City & State St. Petersburg, FL Zip 33701 Country USA	3a. Date of Last Report 12/31/1997	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
		6. FEI Number 59-2959176	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent KOLENDA, JOHN F. 1641 COMMERCE AVE., NORTH ST. PETERSBURG FL 33716	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 100 2nd Ave South Suite, Apt. #, etc. # 901 City St. Petersburg FL Zip Code 33701
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
INTEGRATED COMMUNICATIONNETW	1641 COMMERCE AVE., NO- 100 2nd Ave. S. Suite # 901	ST. PETERSBURG FL	K96711 500002732665-6 -01/07/99-01007-005 ***1052.50 ***528.25 <i>OK</i> <i>EX \$528.25</i>

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *John F. Kolenda* DATE *12-14-97*
Typed or Printed Name of General Partner Signing Form JOHN F. KOLENDA, Chairman Daytime Telephone Number 727-821-2300

CR2E003 (8/98)