

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002336 (3)**

1. Corporation Name

MICROLINK MOBILE SOLUTIONS, INC.



Principal Place of Business 3000 GULF TO BAY BLVD SUITE 201 CLEARWATER FL 34619	Mailing Address 3000 GULF TO BAY BLVD SUITE 201 CLEARWATER FL 34619
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 531 MAIN STREET Suite, Apt. #, etc. 22 SUITE F City & State 23 SAFETY HARBOR, FL Zip 24 34695		2a. Mailing Address 26 531 MAIN STREET Suite, Apt. #, etc. 27 SUITE F City & State 28 SAFETY HARBOR, FL Zip 29 34695		3. Date Incorporated or Qualified 05/09/1996		3a. Date of Last Report	
				4. FEI Number 59-8372521-43-1742603		Applied For Not Applicable	
				5. Certificate 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent

**CAROTENUTO, MARY
3000 GULF TO BAY BLVD., STE 209
CLEARWATER FL 34619**

B1 Name	LAURA M. BROADIE
B2 Street Address (P.O. Box Number is Not Acceptable)	22 PHILIPPE LANDING
B3	
B4 City	SAFETY HARBOR
B5 Zip Code	FL 34695

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	☒ Change ☐ Addition
NAME	LLOYD, GARDNER P	1.2 NAME	LLOYD, GARDNER R.
STREET ADDRESS	400 CHESTERFIELD CENTER, STE 400	1.3 STREET ADDRESS	2717 SEVILLE BLVD #8104
CITY-ST-ZIP	CHESTERFIELD MO	1.4 CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	RIVERO, ANTHONY	2.2 NAME	22 PHILIPPE LANDING
STREET ADDRESS	2035 PHILIPPE PARKWAY, VILLA 22	2.3 STREET ADDRESS	SAFETY HARBOR, FL 34695
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☒ Change ☐ Addition
NAME	BROADIE, LAURA	3.2 NAME	22 PHILIPPE LANDING
STREET ADDRESS	2035 PHILIPPE PKWY, VILLA 22	3.3 STREET ADDRESS	SAFETY HARBOR, FL 34695
CITY-ST-ZIP	SAFETY HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	☒ Change ☐ Addition
NAME	HUNTER, JOHN W	4.2 NAME	1903 WINTERGREEN CT
STREET ADDRESS	1401 H STREET, N.W., STE 400	4.3 STREET ADDRESS	KEESON, VA 22091
CITY-ST-ZIP	WASHINGTON DC	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **Lloyd Gardner R. (Gardner R. Lloyd)** 7/22/97 03:29:1109

CR2E034 (4/97)