

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

**FILED**  
**Mar 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000004702 (4)**  
 1. Corporation Name  
**HLINK COMMUNICATIONS, INC.**



Principal Place of Business <b>3800 N. CENTRAL AVE #B-1                  PHOENIX AZ 85012-1925</b>	Mailing Address <b>3800 N. CENTRAL AVE #B-1                  PHOENIX AZ 85012-1925</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 13751 S. Wadsworth Park</b> Suite, Apt. #, etc. <b>22 Suite 200</b> City & State <b>23 Draper, UT</b> Zip <b>24 84020</b>		2a. Mailing Address <b>26 13751 S. Wadsworth Park</b> Suite, Apt. #, etc. <b>27 Suite 200</b> City & State <b>28 Draper, UT</b> Zip <b>29 84020</b>		3. Date Incorporated or Qualified <b>09/12/1996</b>		4. FEI Number <b>86-0822141</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>WAKEFIELD, S. CRAIG                  1400 W. OAK STREET, SUITE A                  KISSIMMEE FL 34741</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code		FL	

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 <b>P</b>	<b>EDWARDS, ROBERT W JR</b> 3800 N. CENTRAL AVE #B-1 PHOENIX AZ 85012-1925	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P/D</b>
NAME			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1.2 NAME <b>John W. Edwards</b>	
CITY-ST-ZIP		1.3 STREET ADDRESS <b>13751 S. Wadsworth Park #200</b>	
		1.4 CITY-ST-ZIP <b>Draper, UT 84020</b>	
TITLE <b>D</b>	<b>NELSON, JERALD</b> 3800 N. CENTRAL AVE #B-1 PHOENIX AZ 85012-1925	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>V/T</b>
NAME			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.2 NAME <b>Karl S. Ryser</b>	
CITY-ST-ZIP		2.3 STREET ADDRESS <b>13751 S. Wadsworth Park #200</b>	
		2.4 CITY-ST-ZIP <b>Draper, UT 84020</b>	
TITLE <b>S</b>	<b>EDWARDS, DENISE A</b> 3800 N. CENTRAL AVE #B-1 PHOENIX AZ 85012-1925	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>S</b>
NAME			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME <b>David E. Hardy</b>	
CITY-ST-ZIP		3.3 STREET ADDRESS <b>60 E. South Temple #2200</b>	
		3.4 CITY-ST-ZIP <b>Salt Lake City, UT 84111</b>	
TITLE <b>D</b>	<b>EDWARDS, ROBERT W JR</b> 3800 N. CENTRAL AVE #B-1 PHOENIX AZ 85012-1925	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>EDWARDS, DENISE</b> 3800 N. CENTRAL AVE #B-1 PHOENIX AZ 85012-1925	<input checked="" type="checkbox"/> DELETE	5.1 TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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:  **David E. Hardy** 2/24/98 801-364-6600