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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G37304

DATALINK CORPORATION										
	•									
Principal Place	of Rusiness		Mailin	ng Address						
3460 DEPEW AVE 3460 DEPEW AVE										
PT. CHARLOTTE FL 33952 PT CHARLOTTE FL 33952								DO NOT WRITE IN THIS SPACE		
us US							3. Date Incorporated or Qualifed			
								04/29/1983		
2. Principal Pl	ace of Business)	2a. Mailing Address					4. FEI Number Applied For		
21			26					59-2287090 Not Applicable \$8.75 Additional		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		
City & State	9	City & State				-	6. Election Campaign Financing \$5.00 May Be			
23			Zip Country			ntn/		Trust Fund Contribution Added to Fees		
Zip	25	Country	29	Þ	30	iriti y		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		
24		d Address of Curre		ed Agent	301	Γ_		10. Name and Address of New Registered Agent		
					•	81	Name	ne		
TAYLOR, MARVIN C 3460 DEPEW AVE						82	Street	treet Address (P.O. Box Number is Not Acceptable)		
PORT CHARLOTTE FL 33952						83	83			
į						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 pr	rinted name of registered ag	ent and title if ap	oplicable. (NOT	E: Registered	Agen	t signature	ure required when reinstating) DATE		
12.		OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS ·			☐ DELETE	1.1 TI	TLE		☐ Change ☐ Addition :		
NAME	TAYLOR, MA				1,2 N					
STREET ADDRESS	DT OUADIOTTE EL						ADDRESS	SS		
CITY-ST-ZIP	PI. CHARLU	JITE FL		☐ DELETE	1,4 C 2.1 TI	ΠΥ-S' ΠΙΕ	T-ZIP	Change Addition		
TITLE NAME				<u></u>	22 N					
STREET ADDRESS							ADDRESS	:SS		
CITY-ST-ZIP					2.40	CITY-S	T-ZIP			
TITLE				DELETE	3.1 T	TLE		☐ Change ☐ Addition		
NAME		•		,	3.2 N	AME				
STREET ADDRESS							r address	:SS		
CITY-ST-ZIP				☐ DELETE	3.4. C	<u> ЛТҮ-</u> S	IT-ZIP	Change Addition		
NAME						IAME				
STREET ADDRESS							ADDRESS	ess		
CITY-ST-ZIP						ITY-S				
TITLE				☐ DELETE	5.1 T	_		☐ Change ☐ Addition		
NAME						AME				
STREET ADDRESS							T ADDRESS	ESS		
CITY-ST-ZIP				D		TY-S	T-ZIP	, F7 Change F7 Addition		
TITLE				☐ DELETE	6.1 T			☐ Change ☐ Addition		
NAME					6.2 N		TADDRESS			
STREET ANDRESS	Į.				. ≣ 0.3 S	INCE	· ~~~~~	ا المحد		

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 all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: