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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L85375

(8)

NEWLINK COMMUNICATIONS, INC.

FILED
Feb 20 1997 8:00am
Secretary of State



Principal Plac	ce of Business	Mailing Address				DIGIT B1815 B1815		81841 (##I
IR 2 10X 722	17 old mashua RD	1318 NELSON AVE BOX 727 CHICHESTER NH 03263						
CHICAESTER TITABLESS WS AMM ENST, MH 6331		US			3. Date Incorporated or Qualified 06/29/1990	3a. Date 04/23		eport
3	lace of Business	2a. Mailing Address			4. FEI Number			plied For
Ц		26			59-3018881			t Applicable
Suite Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & Stat	!e	City & State			6. Election Campaign Financing	_	\$5.00	
<u> </u>		28			Trust Fund Contribution		Added	
Ζφ Π	Country	Zip	Cou	ntry	8. This corporation has liability for i	intangible ta] Yes		199.032,
	25 9. Name and Address of Current I	[29] Registered Agent	30		Florida Statutes L. 10. Name and Address of New Re			
				81 Name				
	EENBERG, MARTIN J 18 NELSON AVE							
	EARWATER FL 34615		i	82 Street /	Address (P.O. Box Number is Not Acceptat	ole)		
ULE	LANTALEN FE 94010		ŀ	83				
								
				84 City		FL	85 Zip i	Code
office or i agent. La	registered agent, or both, in the State o am familiar with, and accept the obligati	Florida Such change was ons of Section 607.0505,	s authorized Florida Stat	d by the corp utes.	corporation submits this statement for the population's board of directors. I hereby acceptions	pt the appoir	ntment as	registered
		and title Lapplicable (N	OTE Registered	Agent signature	required when reinstating)	DATE		
IGNATURE	Starture Egyptic professional respected agent OFFICERS AND		OTE Registered	Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFIC		IRECTOR	RS IN 12
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information included on the annual report or supplemental annual reports frue and accurate and that my signature shall have the same legal effect as if made under or I am an othere or uncertor differentiation or the receiving or trustee embowered 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 alternment with an address.

Date

Davorre Phone #