

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

FILED

Feb 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L85375** (8)
1. Corporation Name
NEWLINK COMMUNICATIONS, INC.



Principal Place of Business
RR 2
BOX 727
CHICHESTER NH 03263
US
17 OLD NASHUA RD
AMHERST, NH
03031

Mailing Address
1318 NELSON AVE
BOX 727
CHICHESTER NH 03263
US

3. Date Incorporated or Qualified
06/29/1990

3a. Date of Last Report
04/23/1996

4. FEI Number
59-3018881

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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
GREENBERG, MARTIN J
1318 NELSON AVE
CLEARWATER FL 34615

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LICCIARDI, SAMUEL	
STREET ADDRESS	RR 2, BOX 1891	
CITY-ST-ZIP	PITTSFIELD NH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BISHOP, RICHARD	
STREET ADDRESS	575 S COVERED WAGON TR.	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRENNAN, LAWRENCE H.	
STREET ADDRESS	RT. 2, BOX 1888	
CITY-ST-ZIP	CHICHESTER NH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HORNING, NANCY L	
STREET ADDRESS	13 CURTICE AVE	
CITY-ST-ZIP	CONCORD NH	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GREENBERG, MARTIN J	
STREET ADDRESS	1318 NELSON AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BYRNES, LAWRENCE F	
STREET ADDRESS	RR 1 BOX 3770 MARTEL RD	
CITY-ST-ZIP	CHICHESTER NH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DONNA COVINGTON	
13 STREET ADDRESS	307 W RIVER RD	
14 CITY-ST-ZIP	LOUDON 03301	
21 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	DON CURRIEN	
23 STREET ADDRESS	575 COVERED WAGON TR	
24 CITY-ST-ZIP	ANAHEIM, CA	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: X *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Taxpayer's Phone: # _____

CR2E034 (9/96)