


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N95000003882 (6)</b> 1. Corporation Name <b>GLOBAL MINDLINK FOUNDATION, INC.</b>	



Principal Place of Business <b>900 N. FEDERAL HWY. #460 BOCA RATON FL 33432</b>	Mailing Address <b>900 N. FEDERAL HWY. #460 BOCA RATON FL 33432-2754</b>
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2. Principal Place of Business <b>21</b> St <b>22</b> <b>1020 NW 6th St, Bldg H&amp;I Deerfield Beach, FL 33442</b> <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>25</b> St <b>26</b> <b>1020 NW 6th St, Bldg H&amp;I Deerfield Beach, FL 33442</b> <b>27</b> Zip <b>28</b> Country
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3. Date Incorporated or Qualified <b>08/15/1995</b>	3a. Date of Last Report <b>07/30/1996</b>
4. FEI Number <b>65-0630341</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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GOODMAN, STEPHEN ESQ. 900 N. FEDERAL HWY. #460 BOCA RATON FL 33432</b>	
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street (P.O. Box Number is Not Acceptable) <b>83</b> <b>1020 NW 6th St, Bldg H&amp;I Deerfield Beach, FL 33442</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Stephen M. Goodman Stephen M. Goodman 4/30/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>COLANGELO, VINCENT</b>
STREET ADDRESS	<b>900 N. FEDERAL HWY. STE 460</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>
TITLE	<b>RD</b> <input type="checkbox"/> DELETE
NAME	<b>COLANGELO, STEPHEN</b>
STREET ADDRESS	<b>900 N. FEDERAL HWY. STE 460</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>
TITLE	<b>STD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MANCUSO, JOY</b>
STREET ADDRESS	<b>900 N. FEDERAL HWY. STE 460</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1020 NW 6th St, Bldg H&amp;I Deerfield Beach, FL 33442</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>STO SHARLENE HAMMETT</b>
3.3 STREET ADDRESS	<b>1020 NW 6th St, Bldg H&amp;I Deerfield Beach, FL 33442</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D Donise BARRISTA</b>
4.3 STREET ADDRESS	<b>1020 NW 6th St, Bldg H&amp;I Deerfield Beach, FL 33442</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, attach an attachment with an address.

SIGNATURE Stephen M. Goodman 4/30/97

CR2E037 (9/96)