

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

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name N95000003882 (6)

GLOBAL MINDLINK FOUNDATION, INC.

Principal Place of Business	Mailing Address
1650 S. Dixie Hwy. 3rd Floor Boca Raton Florida 33432	1650 S. Dixie Hwy. 3rd Floor Boca Raton Florida 33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 1650 S. Dixie Hwy.	26 1650 S. Dixie Hwy.	08/15/1995	65-0630341	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
22 3rd Floor	27 3rd Floor	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing		\$5.00 May Be Added to Fees
23 Boca Raton, Florida	28 Boca Raton, Florida	Trust Fund Contribution	<input type="checkbox"/>	
Zip	Zip	8. This corporation owes or has paid the current year intangible		
24 33432	25 Palm Beach 29 33432	Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country	Country			
30 Palm Beach				

9. Name and Address of Current Registered Agent

Goodman, Stephen Esq.
1020 NW 6th St.
Bldg. H&I
Deerfield Bch. Florida 33442

10. Name and Address of New Registered Agent

81 Name	Denise Battista
82 Street Address (P.O. Box Number is Not Applicable)	1650 S. Dixie Hwy.
83	3rd Floor
84 City	Boca Raton
85 Zip Code	FL 33432

11. Pursuant to the provisions of Sections 607.0502 and 607.7808, 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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Battista, Denise	1.2 NAME	Denise Battista
STREET ADDRESS	1020 NW 6th St Bldg. H&I	1.3 STREET ADDRESS	1650 S. Dixie Hwy 3rd Floor
CITY-ST-ZIP	Deerfield Bch FL 33442	1.4 CITY-ST-ZIP	Boca Raton, Florida 33432
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen Colangelo	2.2 NAME	Sharlene Hammett
STREET ADDRESS	1020 NW 6th St Bldg H&I	2.3 STREET ADDRESS	1650 S. Dixie Hwy 3rd Floor
CITY-ST-ZIP	Deerfield Bch FL 33442	2.4 CITY-ST-ZIP	Boca Raton Florida 33432
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hammett, Sharlene	3.2 NAME	Daniel Battista
STREET ADDRESS	1020 NW 6th St Bldg H&I	3.3 STREET ADDRESS	1650 S Dixie Hwy. 3rd Floor
CITY-ST-ZIP	Deerfield Bch FL 33442	3.4 CITY-ST-ZIP	Boca Raton Florida 33432
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Gary Vance
STREET ADDRESS		4.3 STREET ADDRESS	1650 S. Dixie Hwy. 3rd Floor
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boca Raton Florida 33432
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: