

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

FILED  
May 18 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P94000026517 (0)

1. Corporation Name  
HYPERLINK TECHNOLOGIES, INC.



|   |   |
|---|---|
| Principal Place of Business<br>1200 CLINT MOORE ROAD<br>SUITE 14<br>BOCA RATON FL 33487<br>US | Mailing Address<br>1200 CLINT MOORE ROAD<br>SUITE 14<br>BOCA RATON FL 33487<br>US |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |  | 3. Date Incorporated or Qualified<br>04/07/1994   |  |
|   |  |  |  | 4. FEI Number<br>65-0479446   |  |
|   |  |  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
|   |  |  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
|   |  |  |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |  |  |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br>ROTH, PETER J<br>6844 BRIDLEWOOD CT.<br>BOCA RATON FL 33433 |  | 10. Name and Address of New Registered Agent<br>81 Name ROTH, Peter J<br>82 Street Address (P.O. Box Number is Not Acceptable) 6619 N.W. 25th COURT<br>83<br>84 City Boca Raton FL 85 Zip Code 33496 |  |
|--|--|--|--|

11. Pursuant to the provisions of Sections 607.050 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 |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                           |
| TITLE P                    | ROTH, PETER J         | 1.1 TITLE P   | ROTH, Peter J             |
| NAME                       | 6844 BRIDLEWOOD COURT | 1.2 NAME  | 6619 NW 25th COURT        |
| STREET ADDRESS             | BOCA RATON FL 33433   | 1.3 STREET ADDRESS                                    | BOCA Raton, Florida 33496 |
| CITY-ST-ZIP                |                       | 1.4 CITY-ST-ZIP                                       |                           |
| TITLE                      |                       | 2.1 TITLE   |                           |
| NAME                       |                       | 2.2 NAME  |                           |
| STREET ADDRESS             |                       | 2.3 STREET ADDRESS                                    |                           |
| CITY-ST-ZIP                |                       | 2.4 CITY-ST-ZIP                                       |                           |
| TITLE                      |                       | 3.1 TITLE   |                           |
| NAME                       |                       | 3.2 NAME  |                           |
| STREET ADDRESS             |                       | 3.3 STREET ADDRESS                                    |                           |
| CITY-ST-ZIP                |                       | 3.4 CITY-ST-ZIP                                       |                           |
| TITLE                      |                       | 4.1 TITLE   |                           |
| NAME                       |                       | 4.2 NAME  |                           |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |                           |
| CITY-ST-ZIP                |                       | 4.4 CITY-ST-ZIP                                       |                           |
| TITLE                      |                       | 5.1 TITLE   |                           |
| NAME                       |                       | 5.2 NAME  |                           |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |                           |
| CITY-ST-ZIP                |                       | 5.4 CITY-ST-ZIP                                       |                           |
| TITLE                      |                       | 6.1 TITLE   |                           |
| NAME                       |                       | 6.2 NAME  |                           |
| STREET ADDRESS             |                       | 6.3 STREET ADDRESS                                    |                           |
| CITY-ST-ZIP                |                       | 6.4 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.

SIGNATURE: *Peter Muth* 4/27/98

CP2E034 (10/97)