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

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400080292 (3)

GLOBAL INFORMATION LINK, INC.

Principal Place of Business

Mailing Address

7021 SW 147TH CT

7001 RW 147TH CT

FILED May 15 1997 8:00am Secretary of State



MIAMI FL 33193		MIAMI FL 33193-1106			**		
					3. Date incorporated or Qualified 10/31/1994	3a. Date of La 04/18/199	
2. Principal Place of Busi		2a. Mailing Address			4. FEI Number		Applied For
21 16896 5	Divie Hwy	28 4896 5	Dix	Hust	65-0534231		Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & State	FI	City & State	61		Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip 33157	Country 25 しろ	^{Zip} 33/57	Country 30	<u>'</u> 5		Yes No	er s. 199.032,
9. Name	and Address of Current	Registered Agent			10. Name and Address of New Re	platered Agent	
GARNETT, JEI	FFREY A	•	81	Name			
7921 SW 147TH CT. MIAMI FL 33193			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
,,, <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			83				
			84	City		FL 85	Zip Code
agent 1 am familla w SIGNATURE Signatur vyr	ith and accept the obligation of the obligation	and the if applicable (NOTE:			ation's board of directors. I hereby acception of the state of the sta	~ 27 9	
THE DPS	OF I ICENS AND	DELETE	1.1 TITLE		ACCITIONO/CIVATOLO TO CITAC	☐ Char	
	T, JEFFREY A.	- Decemb	1.2 NAME				NO ELLI MODIFICA
	V 147 CT			ADDRESS			
CHI, C. M. LANGON	L 33193		1.4 CITY - 1				
10LF		DELETE	2.1 TITLE	-		Char	nge Addition
	IT, WARD R.	_	2.2 NAME				•
	V 147 CT			ADDRESS			
	L 33193		2.4 CITY-				
TITLE		DELETE	3.1 TITLE			☐ Char	nge 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE			☐ Char	nge 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	T ADDRESS			
CITY-ST-ZIF		······································	4.4 City-	ST-ZIP			
TITLE		☐ DELETE	51 TITLE			☐ Char	nge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST - ZiP			
TITLE		☐ DELETE	6.1 TITLE			Chai	nge L. Addition
NAME			62 NAME	1			
STREET AODRESS			6.3 STREE	T ADDRESS			
CRY-SI-ZIP		10. 0.1. 19	6.4 CITY-			- 14 May	45 - 1 45 -
	at the information supplied	with this filton does not qualify			led In Section 119 07/3Vi). Florida Statute	s. I further certify	that the

Local 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: