

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000025013 (0)
1. Corporation Name

WORLDLINK CONSTRUCTION CORPORATION



Principal Place of Business Mailing Address
334 E. DUVAL ST. JACKSONVILLE FL 32202
334 E. DUVAL ST. JACKSONVILLE FL 32202

3. Date Incorporated or Qualified 03/27/1995
3a. Date of Last Report
4. FEI Number 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 9918 Orchard Hills Road
2a. Mailing Address 26 9918 Orchard Hills Road
22 Suite Apt. #, etc. 27 Suite Apt. #, etc.
23 City & State Jacksonville FL 28 Jacksonville FL
24 Zip 32256 25 Country US 29 32256 30 US

9. Name and Address of Current Registered Agent
KNOPF, ALLEGRA
334 E. DUVAL ST.
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name: Saeko M. Hammaker
82 Street Address (P.O. Box Number is Not Acceptable): 9918 Orchard Hills Road
83
84 City Jacksonville FL 85 Zip Code 32256

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 *Saeko M. Hammaker* DATE 4/16/96

12. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 | DPST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Hirukawa, Nobuyoshi |
| 1.3 STREET ADDRESS | 264 Sakuradi, Nakayama |
| 1.4 CITY-ST-ZIP | Takarazuka-Hyogo 665 |
| 2.1 TITLE | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Hirukawa, Yauyuki |
| 2.3 STREET ADDRESS | 264 Sakuradi, Nakayama |
| 2.4 CITY-ST-ZIP | Takarazuka-Hyogo 665 |
| 3.1 TITLE | DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Hirukawa, Takashi |
| 3.3 STREET ADDRESS | 264 Sakuradi, Nakayama |
| 3.4 CITY-ST-ZIP | Takarazuka-Hyogo 665 |
| 4.1 TITLE | DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Hirukawa, Michiko |
| 4.3 STREET ADDRESS | 264 Sakuradi, Nakayama |
| 4.4 CITY-ST-ZIP | Takarazuka-Hyogo 665 |
| 5.1 TITLE | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Hammaker, Saeko M. |
| 5.3 STREET ADDRESS | 9918 Orchard Hills Road |
| 5.4 CITY-ST-ZIP | Jacksonville, FL 32256 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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4.22

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.08, Florida Statutes, 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: *Saeko M. Hammaker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/16/96 (1904) 363-0390

CR2E034 (12/95)