

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	--

FILED

97 SEP 19 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000002393 (2)**

1. Corporation Name  
**FONLINK, INC.**



Principal Place of Business  
**4070 LAGUNA STREET  
CORAL GABLES FL 33146**

Mailing Address  
**4070 LAGUNA STREET  
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/04/1996</b>		3a. Date of Last Report	
4. FEI Number <b>65-0659810</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Principal Place of Business 21 <b>6191 ORANGE DRIVE</b> Suite, Apt. #, etc. 22 <b>SUITE 6171</b> City & State <b>DAVIE, FL</b> 23 Zip <b>33314</b> Country <b>USA</b>		2a. Mailing Address 26 <b>6191 ORANGE DRIVE</b> Suite, Apt. #, etc. 27 <b>SUITE 6171</b> City & State <b>DAVIE, FL</b> 28 Zip <b>33314</b> Country <b>USA</b>	

9. Name and Address of Current Registered Agent <b>JARVIS, JUDITH A 4071 LAGUNA STREET CORAL GABLES FL 33146</b>				10. Name and Address of New Registered Agent 81 Name <b>JUDITH A. JARVIS</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>6191 ORANGE DRIVE</b> 83 <b>SUITE 6171</b> 84 City <b>DAVIE</b> FL 85 Zip Code <b>33314</b>			
---	--	--	--	--	--	--	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JARVIS, JUDITH A</b>			1.2 NAME	<b>JUDITH A JARVIS</b>		
STREET ADDRESS	<b>4070 LAGUNA STREET</b>			1.3 STREET ADDRESS	<b>6191 ORANGE DRIVE</b>		
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>			1.4 CITY-ST-ZIP	<b>DAVIE, FL 33314</b>		
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RICHARD HERBST</b>			2.2 NAME	<b>RICHARD HERBST</b>		
STREET ADDRESS	<b>6191 ORANGE DRIVE, #6171</b>			2.3 STREET ADDRESS	<b>6191 ORANGE DRIVE, #6171</b>		
CITY-ST-ZIP	<b>DAVIE, FL 33314</b>			2.4 CITY-ST-ZIP	<b>DAVIE, FL 33314</b>		
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>SUZANNE CHANETSA</b>			3.2 NAME	<b>SUZANNE CHANETSA</b>		
STREET ADDRESS	<b>6191 ORANGE DRIVE, #6171</b>			3.3 STREET ADDRESS	<b>6191 ORANGE DRIVE, #6171</b>		
CITY-ST-ZIP	<b>DAVIE, FL 33314</b>			3.4 CITY-ST-ZIP	<b>DAVIE, FL 33314</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
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			

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13a if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **9-17-97**

CR2E034 (4/97)