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May 30 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000029784 (1)

1. Corporation Name
OPTILINK COMMUNICATION INC.



Principal Place of Business

**10720 SOUTHWEST 72ND COURT
MIAMI FL 33156**

Mailing Address

**10720 SOUTHWEST 72ND COURT
MIAMI FL 33156-3820**

3. Date Incorporated or Qualified

04/04/1996

3a. Date of Last Report

2. Principal Place of Business

21 6671 W. Indian town Rd

Suite, Apt. #, etc.

22 Suite 56-403

City & State

23 JUPITER FL

Zip

24 33458

Country

25 USA

2a. Mailing Address

26 6671 W. Indian town Rd

Suite, Apt. #, etc.

27 Suite 56-403

City & State

28 JUPITER FL

Zip

29 33458

Country

30 USA

4. FEI Number

62-163-8771

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

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

BRIAN KEITH CHARLTON

82 Street Address (P.O. Box Number is Not Acceptable)

19045 SE Coral Reef Ln

83

84 City

JUPITER

FL

85 Zip Code

33458

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

5-19-97

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **CHARLTON, BRIAN K**
STREET ADDRESS **31 KIRKLIN ROAD**
CITY-ST-ZIP **TYLERTOWN MS 39667**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PD** ☒ Change ☐ Addition
12 NAME **Charlton, Brian Keith**
13 STREET ADDRESS **19045 SE Coral Reef Ln**
14 CITY-ST-ZIP **JUPITER, FL 33458**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] **President & Director**

5-19-97

561-743-9951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)