

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

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AND  
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97 JUL 14 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000038010 (0)

1. Corporation Name  
GLOBALINK SERVICES, INC.



Principal Place of Business  
3400 S TAMiami TRAIL, SUITE 303  
SARASOTA FL 34239

Mailing Address  
3400 S TAMiami TRAIL, SUITE 303  
SARASOTA FL 34239-8023

3. Date Incorporated or Qualified  
05/02/1996

3a. Date of Last Report

2. Principal Place of Business  
21 8910 N. DALE MARY

2a. Mailing Address  
26 P.O. Box 142

4. FEI Number  
65-0665879

Applied For  
Not Applicable

22 SUITE 23

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 TAMPA, FLORIDA

28 LUTZ, FLORIDA

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33614

Country

29 33548

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAENSCH, PETER J  
3400 S TAMiami TRAIL, SUITE 303  
SARASOTA FL 34239

81 Name  
MARK R. DOLAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
112 EAST STAGS  
83 SUITE 2  
84 City  
TAMPA  
85 Zip Code  
FL 33602

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]* *[Signature]* MARK R. DOLAN 4/17/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME FEDENK, WILHELM  
STREET ADDRESS 1901 BRINSON RD #28  
CITY-ST-ZIP LUTZ FL 33549

1.1 TITLE D/P/T/S ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS P.O. Box 142 N/A  
1.4 CITY-ST-ZIP Lutz, FL 33548

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME 600002240056--2  
2.3 STREET ADDRESS -07/16/97--01109--011  
2.4 CITY-ST-ZIP \*\*\*\*\*165.00 \*\*\*\*\*165.00

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* *[Signature]* 4/17/97 8/14/97

CR2E034 (9/96)