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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000052181 (0)

1. Corporation Name
SCHOOLINK, INC.



Principal Place of Business

2601 S BAYSHORE DR STE 1425
MIAMI FL 33133

6500 SW 114th St.

Miami, FL 33156

Mailing Address

2601 S BAYSHORE DR STE 1425
MIAMI FL 33133-5413

6500 SW 114th St.

Miami, FL 33156

2. Principal Place of Business

21 6500 SW 114th St.

Suite, Apt. #, etc.

22

City & State

23 Miami, FL

Zip

24 33156

Country

25 USA

2a. Mailing Address

26 6500 SW 114th St.

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

29 33156

Country

30 USA

3. Date Incorporated or Qualified

06/19/1996

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

9. Name and Address of Current Registered Agent

FREEMAN, ROBERT A
2601 S BAYSHORE DR STE 1425
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name Robert H. Karl, M.D., M.A.C.C.
82 Street Address (P.O. Box Number is Not Acceptable)
6500 SW 114th St.

83

84 City

Miami

FL

85 Zip Code

33156

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

Robert B. Karl, M.D.

Signature, typed or printed name of registered agent and title, if applicable.

Robert H. Karl, M.D.

(NOTE: Registered agent signature required when reinstating)

4/16/97

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME FREEMAN, ROBERT A
STREET ADDRESS 2601 S BAYSHORE DR STE 1425
CITY - ST - ZIP MIAMI FL 33133

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Ronald Goldstein
1.3 STREET ADDRESS 2110 Highland Lakes Blvd.
1.4 CITY - ST - ZIP Miami, FL 33179

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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:

Robert H. Karl, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97 305-595-6211
Date Daytime Phone #

0178483

CR2E034 (9/96)