

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.)

FILED
Sep 10 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 # P96000085732 (1)

1. Corporation Name

VOICE LINK COMMUNICATIONS, INC.



Principal Place of Business

445-26 STATE RD 13 N
SUITE 368
JACKSONVILLE FL 32259

Mailing Address

445-26 STATE RD 13 N
SUITE 368
JACKSONVILLE FL 32259

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/17/1996

3a. Date of Last Report

4. FEI Number

59-3400433

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HERNANDEZ, MEREDITH A
445-26 STATE RD 13 N
SUITE 368
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Meredith A. Hernandez
Signature typed, printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/1/97

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME SLININ, RICHARD
STREET ADDRESS 445-26 STATE RD 13 N # 368
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE DV ☒ DELETE

NAME SLININ, TAMMY
STREET ADDRESS 445-26 STATE RD 13 N # 368
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE DST ☐ DELETE

NAME HERNANDEZ, MEREDITH A
STREET ADDRESS 445-26 STATE RD 13 N # 368
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE DV ☐ DELETE

NAME ERVIN, KRIS A.
STREET ADDRESS 445-26 State Rd 13N #368
CITY-ST-ZIP Jacksonville, FL 32259

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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, unchanged, or on an attachment with an address.

SIGNATURE

SIGNATURE

9/1/97

CLP
(904) 387-1379

CR2E034 (4/97)