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FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000005326 (8)

1. Corporation Name
LINK 2000 CORP.



Principal Place of Business
1768 LEN DRIVE STE 205
JUNO BEACH FL 33408

Mailing Address
P.O. BOX 31965
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/13/1997	
21	1768 LEN DRIVE STE 205 JUNO BEACH FL 33408	26	1897 Palm Beach Lakes Blvd	4. FEI Number 65-0724207	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	226	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	West Palm Beach, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	33409	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
WASHOFSKY, MARTIN E EA 4360 NORTHLAKE BLVD. STE 205 PALM BEACH GARDENS FL 33410			81 Name Warner & Associates, CPA, PA		
			82 Street Address (P.O. Box Number is Not Acceptable) 1897 Palm Beach Lakes Blvd., STE 226		
			83		
			84 City West Palm Beach FL 85 Zip Code 33409		

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 in 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 of the Principal, President, Secretary, Treasurer, or Agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	CRNOMARKOVIC, MARKO	1.2 NAME	
STREET ADDRESS	4360 NORTHLAKE BLVD. STE 205	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	LUKAC, ALES	2.2 NAME	
STREET ADDRESS	4360 NORTHLAKE BLVD. STE 205	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	KRALJ, TOMAZ	3.2 NAME	
STREET ADDRESS	4360 NORTHLAKE BLVD. STE 205	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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]

4/29/98

681-9871

CR2E034 (10/97)