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

FILED
Mar 13 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 # **P97000023802 (6)**

1. Corporation Name
TRANSLINK SOLUTIONS CORPORATION

Principal Place of Business	Mailing Address
225 SOUTH WESTMONTE DRIVE #3000 ALTAMONTE SPRINGS FL 32714	225 SOUTH WESTMONTE DRIVE #3000 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1997

2. Principal Place of Business	2a. Mailing Address
21 225 S. Westmonte Dr	26 225 S. Westmonte Dr
Suite, Apt. #, etc. 22 Suite 3050	Suite, Apt. #, etc. 27 Suite 3050
City & State 23 Altamonte Springs, Fl	City & State 28 Altamonte Springs, Fl
Zip / Country 24 32714 / 25 USA	Zip / Country 29 32714 / 30 USA

4. FEI Number: 59 - 3434980 ☐ 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	10. Name and Address of New Registered Agent
MUSCATO, NICK 225 SOUTH WESTMONTE DRIVE #3000 ALTAMONTE SPRINGS FL 32714	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 607.1508, 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: N Muscato 3/9/98
Signature of new or printed name of registered agent and title 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	☐ DELETE	1.1 TITLE	✓	☒ Change ☐ Addition
NAME	MUSCATO, NICK		1.2 NAME	Nick Muscato	
STREET ADDRESS	225 SOUTH WESTMONTE DRIVE #3000		1.3 STREET ADDRESS	225 S. Westmonte Drive Suite 3050	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		1.4 CITY-ST-ZIP	Altamonte Springs, Fl 32714	
TITLE		☐ DELETE	2.1 TITLE	T/S	☐ Change ☒ Addition
NAME			2.2 NAME	Karen L. Ahr	
STREET ADDRESS			2.3 STREET ADDRESS	225 S. Westmonte Drive Suite 3050	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Altamonte Springs, Fl 32714	
TITLE		☐ DELETE	3.1 TITLE	✓	☐ Change ☒ Addition
NAME			3.2 NAME	Brian Newton	
STREET ADDRESS			3.3 STREET ADDRESS	225 S. Westmonte Dr Suite 3050	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Altamonte Springs, Fl 32714	
TITLE		☐ DELETE	4.1 TITLE	✓	☐ Change ☒ Addition
NAME			4.2 NAME	Steve Baugh	
STREET ADDRESS			4.3 STREET ADDRESS	225 S. Westmonte Dr Suite 3050	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Altamonte Springs, Fl 32714	
TITLE		☐ DELETE	5.1 TITLE	P	☐ Change ☒ Addition
NAME			5.2 NAME	Joseph W. Adams	
STREET ADDRESS			5.3 STREET ADDRESS	225 S. Westmonte Dr Suite 3050	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Altamonte Springs, Fl 32715	
TITLE		☐ DELETE	6.1 TITLE	~~V~~ V	☐ Change ☒ Addition
NAME			6.2 NAME	Michael Muscato	
STREET ADDRESS			6.3 STREET ADDRESS	225 S. Westmonte Dr Suite 3050	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Altamonte Springs, Fl 32714	

CR2E034 (10/97)

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: Karen L Ahr 3/9/98 407-774-7800