

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90062 041 ***150.00

DOCUMENT # P97000034000

1. Corporation Name VOICELINK OF FLORIDA, INC.



Principal Place of Business 1000 WEST MCNAB POMPANO BEACH FL 33069 Mailing Address 1000 WEST MCNAB POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	3120 Medlock Bridge Rd	04/15/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
		F-150		65-0746697	
City & State		City & State		5. Certificate of Status Desired	
23		28 Norcross GA		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution	
24 25		29 30071-1469 30 Gwinnett		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.	
BODNER, MARK G PTARICIA LOURMAIS, P.A. 309 LAKE AVENUE LAKE WORTH FL 33460				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BODNER, MARK G PTARICIA LOURMAIS, P.A. 309 LAKE AVENUE LAKE WORTH FL 33460				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCOO <input type="checkbox"/> DELETE	1.1 TITLE	S VP + D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, VAN	1.2 NAME	
STREET ADDRESS	3120 MEDLOCK BR RD #F150	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30071-1469	1.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	2.1 TITLE	T + D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, ROBERT V	2.2 NAME	
STREET ADDRESS	1300 N WALNUT HILL LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75038	2.4 CITY-ST-ZIP	
TITLE	DOM <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERRY, ERVIN	3.2 NAME	
STREET ADDRESS	2505 CENTER STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	P + D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Chris Kelleher
STREET ADDRESS		4.3 STREET ADDRESS	3120 Medlock Br. Rd. # F150
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Norcross, GA 30071-1469
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: Van Page Secretary Date: 3/14/99 Daytime Phone #: 770.416.4455

CP02024-1110R