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Apr 21 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 # P97000086902 (8) *n/c 12.10.97*

1. Corporation Name
 [REDACTED] (TRILINK COMMUNICATIONS, INC.)

Principal Place of Business: 633 SOUTHEAST 3RD AVE SUITE 302 FT. LAUDERDALE FL 33301

Mailing Address: 633 SOUTHEAST 3RD AVE SUITE 302 FT. LAUDERDALE FL 33301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 HALLANDALE BCH. BLVD. 1920 E.		2a. Mailing Address 26 Same as 2		3. Date Incorporated or Qualified 10/08/1997	
22 SUITE 901		27 Suite, Apt. #, etc.		4. FEI Number 65-0786194	
23 HALLANDALE, FL		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33009		25 USA		29 30	
23 HALLANDALE, FL		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33009		25 USA		29 30	

9. Name and Address of Current Registered Agent KLISTON, TODD W 8211 W BROWARD BLVD SUITE 375 PLANTATION FL 33301				10. Name and Address of New Registered Agent	
B1 Name				B5 Zip Code	
B2 Street Address (P.O. Box Number is Not Acceptable)				FL	
B3				B4 City	

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	D	11 TITLE	D (address only) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEANNY, PHILIP	12 NAME	PHILIP M. FEANNY
STREET ADDRESS	633 SOUTHEAST 3RD AVE SUITE 302	13 STREET ADDRESS	1920 E. HALLANDALE BCH. BLVD.#901
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	14 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	VP <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD S. NYE	22 NAME	
STREET ADDRESS	1920 E. HALLANDALE BCH. BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	600002495440 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	-04/21/98--01065--009
STREET ADDRESS		63 STREET ADDRESS	***150.00
CITY-ST-ZIP		64 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: _____ *4/21/98 (954) 766-6516*

CR2E034 (10/97)