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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 29 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

P97000094277 (5)

HYPERI	LINK, INC.				
Principal Place	e of Business	Mailing Address		I ORECTBAL DIO TANCE IDEAL BROIL BACCE BACCE OFFICE	1741 ULDIO 11011 10011 1681 1681
4747 WEST WATERS AVENUE SUITE 1004 TAMPA FL 33614		4747 WEST WATERS I SUITE 1004 TAMPA FL 33614	AVENUE	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				11/04/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3475861	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6, Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	This corporation owes or has paid the corporation.	
24	25	29	30	Personal Property Tax due June 30.	Yes I No
		Current Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
	erilawyer		81 Name		
343 ALMERIA AVENUE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134			80		
			83		
			84 City	F	85 Zip Code
11. Pursuant i office or ri agent. I at SIGNATURE	to the provisions of Sections 6 ogistered agent, or both, in the m familiar with, and accept the Signifure, typed or pointed hand of regis		fules, the above-named colus authorized by the corpora Florida Statutes. 1011 Registered Agent signature req	rporation submits this statement for the purpose ation's board of directors. I hereby accept the approach the purpose accept the approach the purpose when reinstating.	of changing its registered pointment as registered
12.		RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PVST	DELETE	1.1 TITLE		Change Addition
NAME	Z UBATUK, TAMARA L		1.2 NAME		
STREET ADDRESS	4747 WEST WATERS A	VENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614		1.4 CITY - S1 - ZIP		
TITLE	Ō	DLLETE	2.1 TITLE		Change Addition
NAME	Z UBATUK, TAMARA L		2.2 NAME		
STREET ADDRESS	4747 WEST WATERS A	VENUE	2 3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614		2 4 CITY-ST-ZIP		
TITLE		☐ DELE TE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T cyrere	4.4 CITY - ST - 7IP		Change 1 4 day -
TITLE		☐ DELETE	51 INLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	6.1 NTLE		L Change L Abortion
NAME			6.2 NAME		

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 flusted 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 artificial true in an address.