

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90151 035 \*\*\*\*\*8.75  
 04-14-1999 90151 036 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # P98000094592**

1. Corporation Name  
**EXCELINK COMMUNICATIONS INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 1020 SPRUCE DR. 1020 SPRUCE DR.  
 BELLAIR BEACH FL 33786 BELLAIR BEACH FL 33786

3. Date incorporated or Qualified  
 11/09/1998

4. FEI Number  
 59-3548483

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 the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite; Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

SERVOS, MICHAEL  
 1020 SPRUCE DR.  
 BELLAIR BEACH FL 33786

10. Name and Address of New Registered Agent

81 Name MICHAEL SERVOS

82 Street Address (P.O. Box Number is Not Acceptable)  
 1020 SPRUCE DRIVE

83 City BELLAIR BEACH FL 84 Zip Code 33786

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: *[Signature]* DATE: *Mar-22-99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL SERVOS	1.2 NAME	MICHAEL SERVOS
STREET ADDRESS	1020 SPRUCE DR.	1.3 STREET ADDRESS	1020 SPRUCE DR.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	Belleair Beach <input type="checkbox"/> DELETE	2.1 TITLE	Belleair Beach <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FL. 33786	2.2 NAME	FL. 33786
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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: *[Signature]* DATE: *Mar-22-99* 727-596-1229

CR2E034 (1/98)