

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S17798** (7)
1. Corporation Name
ADLINK COMMUNICATIONS CORPORATION



Principal Place of Business 1155 HILLSBORO MILE #110 HILLSBORO BCH FL 33062 US	Mailing Address P. O. BOX 512 N/A DEERFIELD BEACH FL 33443-0512 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/07/1990	3a. Date of Last Report 08/05/1996
		4. FEI Number 65-0231456	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DEROY, DONALD J. 1155 HILLSBORO MILE #110 HILLSBORO BCH FL 33062	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEROY, LESLIE JAE		1.2 NAME DeRoy, Leslie JAE	
STREET ADDRESS 1167 HILLSBORO MILE		1.3 STREET ADDRESS 1155 Hillsboro Mile #110	
CITY-ST-ZIP HILLSBORO FL		1.4 CITY-ST-ZIP Hillsboro Bch, FL 33062	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEROY, DONALD J.		2.2 NAME delete	
STREET ADDRESS 1167 HILLSBORO MILE		2.3 STREET ADDRESS delete	
CITY-ST-ZIP HILLSBORO FL		2.4 CITY-ST-ZIP delete	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEROY, JOAN		3.2 NAME delete	
STREET ADDRESS 1167 HILLSBORO MILE		3.3 STREET ADDRESS delete	
CITY-ST-ZIP HILLSBORO FL		3.4 CITY-ST-ZIP delete	
TITLE VT	<input type="checkbox"/> DELETE	4.1 TITLE VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEROY, VALERIE J.		4.2 NAME DeRoy, Valerie J	
STREET ADDRESS 1167 HILLSBORO MILE		4.3 STREET ADDRESS 1155 Hillsboro Mile #110	
CITY-ST-ZIP HILLSBORO FL		4.4 CITY-ST-ZIP Hillsboro Bch, FL 33062	
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 do 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: _____ DATE: _____

CR2E034 (4/97)