

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

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004702 (4)
 1. Corporation Name
HLINK COMMUNICATIONS, INC.



Principal Place of Business 3800 N. CENTRAL AVE #B-1 PHOENIX AZ 85012-1925	Mailing Address 3800 N. CENTRAL AVE #B-1 PHOENIX AZ 85012-1925
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13751 S. Wadsworth Park Suite, Apt. #, etc. 22 Suite 200 City & State 23 Draper, UT Zip 24 84020		2a. Mailing Address 26 13751 S. Wadsworth Park Suite, Apt. #, etc. 27 Suite 200 City & State 28 Draper, UT Zip 29 84020		3. Date Incorporated or Qualified 09/12/1996		4. FEI Number 86-0822141 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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent WAKEFIELD, S. CRAIG 1400 W. OAK STREET, SUITE A KISSIMMEE FL 34741				10. Name and Address of New Registered Agent			
				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 _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	EDWARDS, ROBERT W JR 3800 N. CENTRAL AVE #B-1 PHOENIX AZ 85012-1925	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			1.2 NAME John W. Edwards
STREET ADDRESS			1.3 STREET ADDRESS 13751 S. Wadsworth Park #200
CITY-ST-ZIP			1.4 CITY-ST-ZIP Draper, UT 84020
TITLE D	NELSON, JERALD 3800 N. CENTRAL AVE #B-1 PHOENIX AZ 85012-1925	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME Karl S. Ryser
STREET ADDRESS			2.3 STREET ADDRESS 13751 S. Wadsworth Park #200
CITY-ST-ZIP			2.4 CITY-ST-ZIP Draper, UT 84020
TITLE S	EDWARDS, DENISE A 3800 N. CENTRAL AVE #B-1 PHOENIX AZ 85012-1925	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME David E. Hardy
STREET ADDRESS			3.3 STREET ADDRESS 60 E. South Temple #2200
CITY-ST-ZIP			3.4 CITY-ST-ZIP Salt Lake City, UT 84111
TITLE D	EDWARDS, ROBERT W JR 3800 N. CENTRAL AVE #B-1 PHOENIX AZ 85012-1925	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE D	EDWARDS, DENISE 3800 N. CENTRAL AVE #B-1 PHOENIX AZ 85012-1925	<input checked="" 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.

SIGNATURE:  **David E. Hardy** 2/24/98 801-364-6600