

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

06425

**FILED**  
**Jun 09, 1999 8:00 am**  
**Secretary of State**

06-09-1999 90017 036 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F97000006509**

1. Corporation Name  
**GLOBAL EMPLOYER'S NETWORK, INC.**

Principal Place of Business: 12222 MERIT DRIVE SUITE 450 DALLAS TX 75251 US  
 Mailing Address: 12222 MERIT DRIVE SUITE 450 DALLAS TX 75251 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: 12/10/1997  
 4. FEI Number: 75-2621008  
 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City: FL 85 Zip Code

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

TITLE	PC	<input type="checkbox"/> DELETE
NAME	LOWRANCE, ROBERT S	
STREET ADDRESS	12222 MERIT DRIVE SUITE 450	
CITY-ST-ZIP	DALLAS TX 75251	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PRINCE, WILLIAM T III	
STREET ADDRESS	12222 MERIT DRIVE SUITE 450	
CITY-ST-ZIP	DALLAS TX 75251	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	SLAGEL, GARY A	
STREET ADDRESS	12222 MERIT DR SUITE 450	
CITY-ST-ZIP	DALLAS TX 75251	
TITLE	Secretary & Treasurer	<input type="checkbox"/> DELETE
NAME	Weiner, David P.	
STREET ADDRESS	12222 Merit Dr. Suite 450	
CITY-ST-ZIP	Dallas TX 75251	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: David P. Weiner Date: 5/13/99 Daytime Phone #: (972) 934-2100

CR2E034 (11/98)