

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:20

DOCUMENT # **K71868** (9)

1. Corporation Name

GLOBUS ELECTRONIC BANKING SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/10/1989	3a. Date of Last Report 08/15/1994
4. FEI Number 65-0106480	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
9. This corporation has liability for intangible tax under s. 100.03? Florida Statutes ☐ Yes ☐ No	

Principal Place of Business		Mailing Address	
1200 N. FEDERAL HWY. SUITE 200 BOCA RATON FL 33432 US		1200 N. FEDERAL HWY SUITE 200 BOCA RATON FL 33432 US	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
21	2b	22	27
City & State		City & State	
23	28	24	30
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent	
MOODY, STEVE E. 1333 S. UNIVERSITY DR SUITE 201 PLANTATION FL 33324	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. 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 the fee applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (SEE 1)	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLNER, ERICH R.	1.2 NAME	
STREET ADDRESS	1200 N. FEDERAL HWY, SUITE 200	1.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ERICH R. WILLNER 65-0106480 (407) 368-4666
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDS OFFICER OR DIRECTOR (Last) (Name/Phone #)

CR2E034 (3/95)