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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000029296 (9)

GLOBAL MARKETING SYSTEMS CORP.

Mailing Address Principal Place of Business 216 20TH AVENUE NORTHEAST 216 20TH AVENUE NORTHEAST ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 3. Date Incorporated or Qualified 3a. Date of Last Report 04/20/1993 06/15/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3180976 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zip Zip Country ☐ Yes ☐ No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SWEENEY, SUSAN E Street Address (P.O. Box Number is Not Acceptable) 216 20TH AVENUE NORTHEAST 83 ST. PETERSBURG FL 33704 Zip Code City 85 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. Thereby 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) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change ☐ Addition DELETE 1. 1 TITLE TITLE 1.2 NAME SWEENEY, SUSAN E NAME 216 20TH AVENUE NORTHEAST 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33704 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2 1 TITLE TITLE SWEENEY, EDWARD A 2.2 NAME NAME 216 20TH AVENUE NORTHEAST 2.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33704 2.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELÉTÉ 3 1 TITLE TITLE MARTIN, JULIE 3.2 NAME NAME 228 20TH AVENUE NORTHEAST 3.3. STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33704 3.4 CITY - ST - ZIP CITY-ST-ZIP Addition ☐ Change DELETE 4. 1 THTLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5. 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

6.4 (CIY-SI-ZIP 6.4 (CIY-SI-ZIP 1.4)
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 receive nor trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an adachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF PRINCETOR

3-14-96 813-895-7379

CR2E034 (12/95)