

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000083797 (8)**

1. Corporation Name

GLOBAL TRADING & IMPORTS, INC.



Principal Place of Business

Mailing Address

**801 LAUREL OAK DR
SUITE 640
NAPLES FL 33963**

**801 LAUREL OAK DR
SUITE 640
NAPLES FL 33963**

3. Date Incorporated or Qualified
11/14/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FFI Number
65-0538813

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOODWARD, MARK J
801 LAUREL OAK DR
SUITE 640
NAPLES FL 33963**

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

Signature of Registered Agent (if registered agent is not the corporation)

Signature of Registered Agent (if registered agent is the corporation)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D FERRAO, AUBREY J**
STREET ADDRESS **4001 N TAMiami TR SUITE 350**
CITY - ST - ZIP **NAPLES FL 33940**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D WOODWARD, MARK J**
STREET ADDRESS **801 LAUREL OAK DR SUITE 640**
CITY - ST - ZIP **NAPLES FL 33963**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 a registered or trusted agent, or trustee, or authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14, or on an attachment with an address.

SIGNATURE:

Aubrey J. Ferrao

Aubrey J. Ferrao

4/25/96

941-434-2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)