

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

**FILED**

**Apr 22 1997 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P96000022749 (1)**  
 1. Corporation Name  
**GLOBAL INTELLIGENCE NETWORK INC.**



|  |   |
|--|---|
| Principal Place of Business<br><del>4084 WOODS EDGE CIRCLE</del><br><del>SUITE 8</del><br><b>PALM BEACH GARDENS FL 33410</b> | Mailing Address<br><del>4084 WOODS EDGE CIRCLE</del><br><del>SUITE 8</del><br><b>PALM BEACH GARDENS FL 33410-8420</b> |
|--|---|

|  |   |   |                                       |
|--|---|---|---------------------------------------|
| 2. Principal Place of Business<br><b>21 2293 SMOKEY PARK HWY</b><br>Suite, Apt #, etc. | 2a. Mailing Address<br><b>26 2293 SMOKEY PARK HWY</b><br>Suite, Apt #, etc. | 3. Date Incorporated or Qualified<br><b>03/12/1996</b>  | 3a. Date of Last Report               |
| 22   | 27  | 4. FEI Number<br><b>65-0650507</b>  | Applied For<br>Not Applicable         |
| 23<br>City & State<br><b>CANDLER, NC</b>   | 28<br>City & State<br><b>CANDLER, NC</b>                                    | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |
| 24<br>Zip<br><b>28715</b>  | 25<br>Country<br><b>BUNCOMBE</b>  | 29<br>Zip<br><b>28715</b>   | 30<br>Country<br><b>BUNCOMBE</b>      |
| 9. Name and Address of Current Registered Agent  |   | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|   |  |  |          |
|---|--|--|----------|
| 9. Name and Address of Current Registered Agent<br><b>CORPORATE CREATIONS ENTERPRISES, INC.</b><br><b>4521PGA BLVD.</b><br><b>SUITE 211</b><br><b>PALM BEACH GARDENS FL 33418</b> |  | 10. Name and Address of New Registered Agent |          |
| B1  | Name   | B4   | City     |
| B2  | Street Address (P.O. Box Number is Not Acceptable) | B5   | Zip Code |
| B3  |  |  |          |
|   |  | <b>FL</b>                                    |          |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>D</b>                                  | 1.1 TITLE   | <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | <b>SMITH, KIMBERLY R</b>                  | 1.2 NAME  | <b>SMITH, KIMBERLY R</b>  |
| STREET ADDRESS             | <del>4084 WOODS EDGE CIRCLE SUITE 8</del> | 1.3 STREET ADDRESS                                    | <b>710 2293 SMOKEY PARK HWY</b>   |
| CITY-ST-ZIP                | <del>PALM BEACH GARDENS FL 33410</del>    | 1.4 CITY-ST-ZIP                                       | <b>CANDLER, NC 28715</b>  |
| TITLE                      |   | 2.1 TITLE   | <b>V. PRESIDENT</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |   | 2.2 NAME  | <b>CARL S. RAPHAEL</b>  |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    | <b>2293 SMOKEY PARK HWY</b>   |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       | <b>CANDLER NC 28715</b>   |
| TITLE                      |   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       |   | 3.2 NAME  |   |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       |   | 4.2 NAME  |   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |   | 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                      |   | 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 do 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: Kimberly R Smith Date: 3/4/97 Daytime Phone: 704 665 7115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)