

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760).

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 OCT -9 AM 11:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000034779 (4)

1. Corporation Name

GLOBAL INTERNET SYSTEMS, INC.

Principal Place of Business

Mailing Address

**POST OFFICE BOX 2163
 LUTZ, FL 33548**

**POST OFFICE BOX 2163
 LUTZ, FL 33548**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

4/22/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0673334

Applied For Not Applicable

21. Suite, Apt #, etc

26. Suite, Apt #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARK R. DOLAN
 112 EAST STREET, SUITE B
 TAMPA, FL 33602**

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 the corporation or the registered agent and filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **DPST** DELETE
 NAME: **SCHNITT, STEVE**
 STREET ADDRESS: **POST OFFICE BOX 2163 NIA**
 CITY, ST, ZIP: **LUTZ, FL 33548**

1.1 TITLE: Change Addition
 1.2 NAME: **300002668693-3**
 1.3 STREET ADDRESS: **-10/14/98--01065--014**
 1.4 CITY, ST, ZIP: *****150.00 ***150.00**

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made by the officer, director, 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 the name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Steve Schnitt** **STEVE SCHNITT**

10/1/98

813-949-8730

CR2E034 (5/98)