

**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**

4. FEI Number

**65-0673334**

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

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt #, etc

26. Suite, Apt #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

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 filed applicator

(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: **SCHMITT, STEVE**  
 STREET ADDRESS: **POST OFFICE BOX 2163 NIA**  
 CITY, ST, ZIP: **LUTZ, FL 33548**

1.1 TITLE:  Change  Addition  
 1.2 NAME: **300002668693**  
 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 supplemental 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 Schmitt** **STEVE SCHMITT**

**10/1/98**

**813-949-8730**

CR2E034 (5/98)