

CORPORATION
ANNUAL REPORT
1999



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State

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DOCUMENT # **P 98000050850**

1. Corporation Name
GLOBAL MIS INC

Principal Place of Business: **FLORIDA**
Mailing Address: **4460 Fallbrook Bld,
Palm Harbor
FL 34685**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **June 4 1998**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-351 9002	Applied For Not Applicable
22. Suite, Apt. #, etc. ST PETERS BULLY	2b. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip	8. This corporation owes the current year intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHNSON STANLEY V. 4460 MAYAN PLACE Fallbrook AVE Palm Harbor FL 34685		10. Name and Address of New Registered Agent	
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 Secretary and, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **Stanley Johnson** **PRESIDENT** 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	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY JOHNSON	1.2 NAME	
STREET ADDRESS	4460 Fallbrook Bld	1.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor FL 34685	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE REDWOOD	2.2 NAME	
STREET ADDRESS	3301 STEEPLE CHASE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	2.4 CITY-ST-ZIP	
TITLE	SECRETARY TREASURER <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY JOHNSON	3.2 NAME	
STREET ADDRESS	4460 Fallbrook Bld	3.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor FL 34685	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: **Stanley Johnson** **5/23/99** **727.526.9086**
(Signature and typed or printed name of signing officer or director Date Daytime Phone #)