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

CITY ST- ZIP

SIGNATURE:

Apr 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (8)380143 GLOBAL MANAGEMENT CORP. Principal Place of Business Mailing Address 651 S.E. 7TH AVE 651 S.E. 7TH AVENUE POMPANO FL 33060 POMPANO FL 33080 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/08/1971 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 59-1325694 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes Yes 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name RASCOE, WILLIAM P. 651 S.E. 7TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO FL 33060 83 City 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 agreet the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE TITLE 1.1 TITLE Change Addition RASCOE, WILLIAM P. 1.2 NAME NAME 651 S.E. 7TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL CITY - ST - ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE RASCOE, CAROL A. NAME 22 NAME 651 S.E. 7TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 4.1 TITLE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP THILE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6 3 STREET ADDRESS**

6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filling 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

FILED

954-78-2391