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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 445068

(0)

GLOBAL ONE, INC.

Principal Place of Business Mailing Address

SUITE \*5. KING'S ROW

SUITE \*5. KING'S ROW

FILED
Jan 28 1997 8:00am
Secretary of State



SUITE '5. KING'S ROW YERS INDIAN ROCKS RD. LARGO FL 04644-8393 3 3 7 7 4  2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			SUITE '5. KING'S ROW \$\frac{12709}{12709} \text{inDIAN ROCKS RD.}{1270}  2a. Mailing Address 26  Suite, Apt. #, etc. 27  Criy & State 28  Zip Country				3. Date Incorporated or Qualified 01/31/1974  4. FEI Number 59-1510621  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution	<b>03/2</b>	Fee Required \$5.00 May Be Added to Fees			
24	25 29			30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \Boxed No					
	9. Name and Address of Curre		tered Agent	100	_	7777	10, Name and Address of New Re					
MOR	ITZ, RICHARD B.			8	1	Name				•		
	W. BAY DR.			8:	2	Street Ado	dress (P.O. Box Number is Not Acceptat	ile)				
LARC	30 FL					0110017100	areas () (e. Box Harrison is Hel Nobalpial	,,,,				
				8:	3							
				8	4	City	-		85	Zip (	ode.	
					1	_		FL				
agent. I a SIGNATURE 12.	m familiar with, and accept the oblining street in the street of the str	igent and lifte	if applicable (No				poration submits this statement for the pation's board of directors. I hereby acceluired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE				
TITLE	PD		DELETE	1.4 TITLE	_			·	Ch	ange	Addition	
NAME	CLEMENTI, THOMAS			1.2 NAMI	E	l						
STREET ADDRESS	1405 HARBOR LAKE DRIVE			1.3 STRE	ET /	ADDRESS						
CITY-ST-ZIP	LARGO FL			1.4 CITY-	٠S٢	r-zip						
TITLE	V		DELETE	2.1 TITLE					Ch	ange	Addition	
NAME	CLEMENTI, AGATHA			22 NAME	E							
STREET ADDRESS	1405 HARBOR LAKE DRIVE			23 STRE	ET /	ADDRESS						
CITY - ST - ZIP	LARGO FL			2 4 DITY	<u>-\$</u>	T-ZIP			<del></del>			
TITLE			☐ DELETE	31 TITLE					☐ Ch	ange	Addition	
NAME				3 2 NAM		Į						
STREET ADDRESS				3 3 STRE	ET a	ADDRESS						
CITY-ST-ZIP				3.4. CITY	_	T-ZIP					Adress	
TITLE			☐ DELETE	4.1 TITLE		1			LLI Ch	ange	Addition	
NAME				4, 2 NAM		1 Doneso						
STREET ADDRESS						ADDRESS						
CITY-ST-7iP			DELETE	4.4 CITY		1 - ZIP		······································	□ Ci	anne	Addition	
1.1LE			□] DECEIE	5.1 TITLE		-			· · · · ·	id iy⊽	Woontoll	
NAME NAME				5.2 NAMI		*ODDECC						
STREET ADDRESS						ADDRESS						
C(TY+ST+Z)P			☐ DELETE	5.4 CfTY- 6.1 TITLE		1 - ZIP			Ch	ance	☐ Addition	
TITLE				1					L 1451	minAc.	- noonion	
NAME CZOSCZ ADODLOG				6.2 NAM		VODDECC.						
STREET ADORESS						ADDRESS						
CITY-ST-ZIP				6.4 CITY	- Si	1.76						

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 on an attachment with an address.

**SIGNATURE:** 

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-21-97/59609.