FILE NOW: FILING FEE AFTER MAY 1 IS \$55

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT F STATE

Sandra B. Mort Sm

Secretary of Ste DIVISION OF CORPORATIONS

1997

DOCUMENT # F9600000482 (7)

GLOBAL RESOURCES OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address				4 talkliba tren batte mitte Merit Edite Fatte	idris doite dotte Billik, ching cidi 1801	
8655 EAST VIA DE VENTURA		8655 EAST VIA DE VENTUR	A			
SUITE G-300 SUITE G-300 SCOTTSDALE AZ 85258 SCOTTSDALE AZ			1			
OOOTTOOREE	ns were			3. Date Incorporated or Qualified	3a. Date of Last Report	
				01/29/1996	N/A	
2. Principal F	lace of Business	2a. Mailing Address)	4. FEI Number	Applied For	
21		26		86-0759637	Not Applicable	
Suite, Apt.	#, etc.	Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	Country	28	Country	Trust Fund Contribution	Added to Fees	
Zip	<u></u>		30	8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes No	
24	25 9. Name and Address of Curr		30	10. Name and Address of New Reg		
100	PEZ, E J ESQUIRE		1 Name			
	9 MAIN STREET, SUITE 610			(2.0.0.1)		
SARASOTA FL 34236			2 Street	2 Street Address (P.O. Box Number is Not Acceptable)		
) Ora	MOOTA 1 E 04E00		3			
			\ \tag{\frac{1}{2}}			
			is City		85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the a sove-named	corporation submits this statement for the pu	irpose of changing its registered	
office or	registered agent, or both, in the Sta	ate of Florida. Such change was a ligations of Section 607,0505. Flor	uthoriz∈d by the corp rida Stubites	corporation submits this statement for the pu poration's board of directors. I hereby accept	the appointment as registered	
	an reminer with, and necopi the ob	ingalions of poolion por loop, From)			
SIGNATURE	Stgrature, typed or prictics name of registered	agent and title Lapprinable (NOTE	Register ed Agent signature	required when reinstating)	DATE	
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.10 5		Change Addition	
NAME	ZUGMIER, GEORGE A		1.24 L. 1E	·		
STREET ADDRESS 8855 EAST VIA DE VENTURA, G-300		1.3 S EET ADDRESS	•			
CITY-SI-ZIP	SCOTTSDALE AZ 85258		1.4 Y-ST-ZIP			
THUE	V	DELETE	21 0 1	V	Change Addition	
NAME	GRUNER, LANCE W		2.2 #E	GIRISH SHAH 8655 E. VIA DE VEN	100 G-300	
STREET ADDRESS			2.3 S REET ADDRESS	8655 E. VIA DE VEN	OFAFO	
CITY-ST-74P	SCOTTSDALE AZ 85258		2.4 GÍY-ST-ZIP	SCOTTSANE, AX	85258	
TITLE	ST DOWNER DOWNER	☐ DELETE	3.1 TITLE		Change Addition	
NAME	MCNAMEE, RONALD J	1 0 000	3.2 NAME			
STREET ADDRESS		A, G-300	3.3 STREET ADDRESS			
CITY-S1-ZiP	SCOTTSDALE AZ 85258		3.4. CITY - ST-ZIP			
TITLE	D THOMIED MANOY	☐ DELETE	4.1 TITLE		Change Addition	
NAME	ZUGMIER, NANCY	A C 200	4. 2 NAME	ed i Ario Carper grando con riber	en e Maria e ann	
STREET ADDRESS	8655 EAST VIA DE VENTUR SCOTTSDALE AZ 85258	A, C-300	4.3 STREET ADDRESS	्रात् । व्यक्ति क्षा त्रिक्षा व्यक्ति व्यक्ति व्यक्ति । व्यक्ति व्यक्ति । व्यक्ति । -	they were a method to	
CITY-ST-ZIP	D SCUTTSDALE AZ 80208	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition	
TITLE	T	FT DECEIE			T DHOUNG THE WORKING	
NAME	TAYLOR, MARY 8655 EAST VIA DE VENTUR	V (5'300	5.2 NAME			
STREET ADDRESS	SCOTTSDALE AZ 85258	r, 0000	5.3 STREET ADORESS			
CITY - ST - ZIP	D SCUTTSDALE AZ 80208	T DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	

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, or on an attachment with an address.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

TAYLOR, VERNON

SCOTTSDALE AZ 85258

8655 EAST VIA DE VENTURA, G-300

Royald D. Mich Williams

INSTITUTE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97 (60) 443-6525

FILED

Feb 05 1997 8:00am

Secretary of State