FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H86248** **(2)**

1. Corporation Name

GLOBAL TOURING INC.

Principal Place of Business	Mailing Address
1150 SW 10TH AVE POMPANO BEACH FL 33069	1150 SW 10TH AVE POMPANO BEACH FL 33069

3. Date Incorporated or Qualified: **11/20/1985**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 Same	26 Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: **59-2302645** ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PICKENS, JENNIFER R. 4601 N.W. 9TH AVENUE POMPANO BEACH FL	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: Jennifer R Pickens Jennifer R. Pickens 3-28-96
(Print or type name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PICKENS, JENNIFER R.		1.2 NAME	
STREET ADDRESS	4601 N.W. 9TH AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	
TITLE	VPT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VANDERKAY, ROBERT H.		2.2 NAME	
STREET ADDRESS	3426 LAKEVIEW BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	3.1 TITLE	Director ☒ Change ☐ Addition
NAME	COLLIER, KATHLENE		3.2 NAME	Virginia Jones
STREET ADDRESS	4601 N.W. 9TH AVE.		3.3 STREET ADDRESS	305 N. Pompano Beach Blvd.
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CITY-ST-ZIP	Pompano Beach Fl
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Jennifer R Pickens Jennifer R. Pickens 305-785-6488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #