

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K07647** (6)

1. Corporation Name

GLOBAL AMERICA REALTY, INC.

Principal Place of Business

**2119 OTTERBEIN AVE.
COCOA FL 32926**

Mailing Address

**2119 OTTERBEIN AVE.
COCOA FL 32926**



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SULLIVAN, KEVIN
2119 OTTERBEIN AVENUE
COCOA FL 32926**

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 607.0702 and 607.1506, 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 obligation, of Section 607.0604, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Officer or Director

Signature of Agent or Officer or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVS	☐ DELETE
NAME	SULLIVAN, KEVIN	
STREET ADDRESS	2119 OTTERBEIN AVE.	
CITY-STATE-ZIP	COCOA FL	
TITLE	T	☐ DELETE
NAME	SULLIVAN, KEVIN	
STREET ADDRESS	2119 OTTERBEIN AVE.	
CITY-STATE-ZIP	COCOA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	

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 form 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 of the type or officer 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 as agent, or on an affidavit with an address.

SIGNATURE:

Michael Kevin Sullivan Ap 6-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)