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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K62631

1. Corporation Name

GLOBAL WORLD CORPORATION

Principal Place of Business Mailing Address							
216 SUMMERWOOD TRAIL MAITLAND FL 32751 US		216 SUMMERWOOD TRAIL MAITLAND FL 32751 US		DO NOT WRITE IN THIS	SPACE		
00		33			3. Date Incorporated or Qualifed 02/01/1989		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ar	pplied For
21		26			<u>59-29305</u> 43		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees
Zip	Country		ountry	/	8. This corporation owes the current year In		
24	25	29 30			Personal Property Tax.	Yes	□N _D
	9. Name and Address of Current	Registered Agent	4	T	10. Name and Address of New Registered	Agent	
A-T-T-1	LING INTEGRAL DE LIEU III		81	Name			
STELLING, JAMES HENRY III 216 SUMMERWOOD TRAIL		82 Stre		Street Addr	ess (P.O. Box Number is Not Acceptable)		
MAIT	LAND 32751		83				
			84	City	FL	85 Zip	Code
office of r	to the provisions of Sections 607.050; egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was authoriz	ea by	the corporation	oration submits this statement for the purpose or on's board of directors. I hereby accept the appo	f changing its intment as re	registered egistered
SIGNATURE		NOTE D		nt signature require	d when reinstating) DATE		\
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Register D DIRECTORS		int signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
12.	PDST		TITLE		ADDITIONAL DIVINGES TO C. F. ISENS A.	Change	☐ Addition
TITLE	STELLING, JAMES H III	_	NAME				
NAME	216 SUMMERWOOD TRAIL			T ADDRESS			
STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·					
CITY-ST-ZIP	MAITLAND FL		CITY-S	91-2P	<u> </u>	Change	Addition
TITLE	DV	_	NAME				_
NAME	STELLING, SCOTT ALAN 216 SUMMERWOOD TRAIL	•		TADDRESS			
STREET ADDRESS	l .				عالمواحضان	م ، ۳۰	
CITY-ST-ZIP	MAITLAND FL	——————————————————————————————————————	4 CITY-:	51-ZIP		Change	Addition
TITLE	DV CTELLING ANITA C						_
NAME	STELLING, ANITA C 216 SUMMERWOOD TRAIL		NAME	T ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP	MAITLAND FL		CITY-	31-215		Change	Addition
TITLE			2 NAME			_ ,	_
NAME				T ADDRESS			1
STREET ADDRESS		1					
CITY-ST-ZIP			CITY-S	51-ZIP	<u> </u>	Change	Addition
TITLE			NAME			<u> </u>	-
NAME				T ADDRESS			
STREET ADDRESS		T I	CITY-S				
CITY-ST-ZIP			TITLE	- 40	A STATE OF THE STA	Change	☐ Addition
TITLE		_	NAME	}		9*	
NAME		i		TADORESS			
STREET ADDRESS	1	0.5	01100				ļ

14. I 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 changes, or on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: