

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 # **L48159**

(2)

1. Corporation Name

**GLOBAL SUCCESS CORPORATION**



Principal Place of Business

**% LESLIE C. NORINS**  
**2400 TAMiami TRAIL NORTH SUITE 450**  
**NAPLES FL 33940**

Mailing Address

**% LESLIE C. NORINS**  
**2400 TAMiami TRAIL NORTH SUITE 450**  
**NAPLES FL 33940**

3. Date Incorporated or Qualified  
**02/07/1990**

3a. Date of Last Report  
**04/25/1995**

2. Principal Place of Business

2a. Mailing Address

21 **851 5th Ave N**

26 **851 5th Ave N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 301**

27 **SUITE 301**

City & State

City & State

23 **NAPLES, FL**

28 **NAPLES, FL**

Zip

Country

Zip

Country

24 **33940**

25 **USA**

29 **33940**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORINS, LESLIE C.**  
**2400 TAMiami TRAIL NORTH**  
**SUITE 450**  
**NAPLES FL 33940**

**851 5th Ave N**  
**SUITE 301**

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

Signature, typed or printed name of registered agent and title (Required)

(If No. 10. Registered Agent Signature Required When Not Stated)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	NORINS, LESLIE C.	2400 TAMiami TRAIL NORTH	NAPLES FL	<input type="checkbox"/>
		851 5th Ave N	NAPLES, FL	<input type="checkbox"/>
		SUITE 301		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

**Leslie C. Norins**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LESLIE C. NORINS, PRES.**

**5-1-96**

**941-261-4335**

CR2E034 (12/95)