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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name L48159 (2)**GLOBAL SUCCESS CORPORATION** Mailing Address Principal Place of Business % LESLIE C. NORINS % LESLIE C. NORINS



NAPLEG FL 33040	NAPLES FL 33940	HAPLES FL 33940		3a. Date of Last Report 04/25/1995
			02/07/1990 4. FEI Number	Applied For
2. Principal Place of Business  1 851 5 <sup>th</sup> Ave. A	2a. Maling Address 5/ 5	Aug N	65-0174259	Not Applicable
Suite, Apl. #, etc.	Suite, Apt. #, etc	1100 101		\$8.75 Additional
2 Suin 301	27 SLUTE	301	5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
NAPUS , FE	28 NAPLE	3 /C	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for it	
4 33940 25 US		30 USA	Florida Statutes	
9. Name and Address o	Current Registered Agent		10. Name and Address of New R	egistered Agent
	1	81 Name		
NORINS, LESLIE C.	851 5th Ave N. Suite 301	82 Street Addre	ess (P.O. Box Number is Not Acceptab	e'
2400 TAMIAMI TRAIL NORTH	901 7 WAG 14	00	<u> </u>	
-SUITE 450	Suite 301	83		
NAPLES FL 33940		84 City		FI 85 Zip Code
11. Pursuant to the provisions of Sections (				
familiar with, and accept the obligations SIGNATURE Signative, types or printed name, of these		Flog docs! Agent signature regimes		DATÉ
	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE DP	DELETE	1 1 1:146		Change [1] Addition
IIILE UP				
NORINS, LESLIE C.	me OF 5 to Aven	1.2 NAME		
NORINS, LESLIE C.	RTH 851 5 th Aven	12 NAME 13 STREET ACORESS		
NORINS, LESLIE C.  2400 TAMIAMI THE NORINS NAPLES FL NORINS	RTH 851 5 th Ave N PLES YL Sure 30	1.2 NAME 1.3 STREET ACORESS 1.4 CHY ST ZIP		
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NORINS, LESLIE C. 2400 TAMIAMI TRINC NAPLES FL ITLE	PRIH 851 5 th Ave N PLES, YL SUR 30	12 NAME 13 STHEE ACORESS 14 CHY ST ZIP 2 1 TILLE 22 NAME		
NORINS, LESLIE C. 2400 TAMIAMI TRING NAPLES FL. NAME	PRIH 851 5 th Ave N DUES, YL SUR 30	1.2 NAME 1.3 STHEEL ACORESS 1.4 CHY ST ZIP 2.1 TITLE 2.2 NAME 2.3 STREEL ADDRESS		
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NORINS, LESLIE C. 2400 TAMIAMI TRING NAPLES FL	RTH 851 5 th Aven Sure 30	12 NAME  13 STHEET ACORESS  14 CHY ST ZIP  2 TITLE  22 NAME  23 STHEET ADDRESS  24 CHY-ST-ZIP  3 TITLE  32 NAME		Change Add-tron
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NORINS, LESLIE C. 2400 TAMIAMI TRING 11/4 ST-212  NAPLES FL NAPLES	DELETE	12 NAME  13 STHEET ADDRESS  14 CHY ST ZIP  2 1 TITLE  22 NAME  23 STHEET ADDRESS  24 CHY-ST-ZIP  3 1 TITLE  32 NAME  33 STREET ADDRESS  34 CHY-ST-ZIP		Change Add-tron
NORINS, LESLIE C. 2400 TAMIAMI TRIVIC 11/14 ST-217  NAPLES FL  NAP	RTH 851 5 th Aven Sure 30	12 NAME 13 STHEE ACORESS 14 CHY ST ZIP 2 1 TITLE 22 NAME 23 STREEL ADDRESS 24 CHY-ST-ZIP 3 1 TITLE 32 NAME 33 STREEL ADDRESS 34 CHY-ST-ZIP 4 1 TITLE		Change Add-tron
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certify that the information indicated on this annual report or supplemental amuse not quality for the exemptor) stated in Section 11:80/(3)(K). Fonds Statutes 1 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:** 

Felle LANGE LESUE C. NORINS, PRES.