

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L48159
1. Corporation Name
GLOBAL SUCCESS CORPORATION

(2)



DO NOT WRITE IN THIS SPACE

Principal Place of Business 651 5TH AVE N SUITE 301 NAPLES FL 34102 US		Mailing Address 651 5TH AVE N SUITE 301 NAPLES FL 34102 US	
2. Principal Place of Business 21 958 2ND AVE. N. Suite, Apt. #, etc. 22		2a. Mailing Address 26 958 2ND AVE. N. Suite, Apt. #, etc. 27	
City & State 23 NAPLES FL		City & State 28 NAPLES FL	
Zip 24 34102		Country 25 USA 29 34102 30 USA	

3. Date Incorporated or Qualified 02/07/1990	
4. FEI Number 65-0174259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NORINS, LESLIE C. 651 5TH AVE N SUITE 301 SUITE 450 NAPLES FL 34102		10. Name and Address of New Registered Agent 81 Name Joel H. Schechter, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) c/o Cummings & Lockwood 83 3001 Tamiami Trail North 84 City Naples FL 85 Zip Code 34102	
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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 *Joel H. Schechter* Joel H. Schechter 4/20/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORINS, LESLIE C.	1.2 NAME	
STREET ADDRESS	651 5TH AVE N SUITE 301	1.3 STREET ADDRESS	958 2nd Avenue N.
CITY-ST-ZIP	NAPLES FL--	1.4 CITY-ST-ZIP	Naples, FL 34102
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: *Leslie C. Norins* Leslie C. Norins, Dir. 4/15/98 (941) 261-4335

CR2E034 (10/97)