
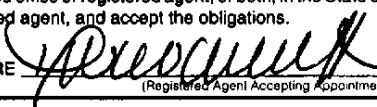

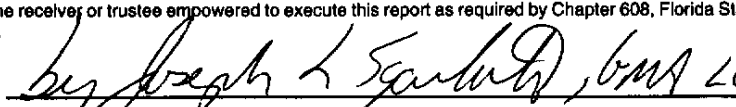


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company GLOBAL MARKETING ALLIANCE, L.C. 1200 W SR 434 SUITE 212 LONGWOOD FL 32750		DOCUMENT # L95000000323	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.		FILED 97 FEB 10 PM 2:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business 407 Welive Springs Rd Suite, Apt. #, etc. 245 City & State Longwood FL Zip 32719 Country		1a. Principal Place of Business Address 1200 W SR 434 SUITE 212 LONGWOOD FL 32750	
2a. Mailing Address same City & State Zip Country		3. Date Organized or Qualified 04/14/1995 4. FEI Number 59-3317606 5. Date of Last Report 04/22/1996 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent WOODRUFF, DONNA 1200 W SR 434 SUITE 212 LONGWOOD FL 32750		8. Name and Address of New Registered Agent Name Donna N. Woodruff Street Address (P.O. Box Number is Not Acceptable) 407 Welive Springs Rd. Suite, Apt. #, etc. 245 City Longwood FL Zip Code 32719	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE  DATE 1/31/97 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SGARLATA, JOSEPH	1200 W SR 434 SUITE 202	LONGWOOD FL
			400002084944--0 -02/12/97--01027--024 ****203.75 ****203.75 
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE:  2/4/97 763 5033079 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			