


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 02 MAR 22 AM 10:37	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company GLOBAL SERVICE GROUP, L.C. 4890 W. KENNEDY BLVD., STE. 130 TAMPA FL 33609				DOCUMENT # L97000000569 <i>gg-AR CM</i>			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/22/1997		FL	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		59-3449538			
				5. Date of Last Report		6. Certificate of Status Desired	
				04/29/1998		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office			
MORGAN, C. (CHIP) C JR 4890 W. KENNEDY BLVD., STE. 130 TAMPA FL 33609				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				Suite, Apt. #, etc.			
				City			
				FL			
				Zip Code			
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 _____							
10. Title Managing Members/Managers Business Street Address City, State and Zip Code							
MGRM BAGWELL, JAMES F		PO BOX 1550		DARLINGTON SC			
MGRM FALKNER, JAMES W		15203 LAKE MAURINE DR.		ODESSA FL			
MGRM MORGAN, C. (CHIP) C		128 ADRIATIC AVE.		TAMPA FL			
11. I do 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 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: <i>James Bagwell</i> <i>J Falkner</i> 3-18-98 813-207-0722							