ING FEE Annual Report \$100.00 + \$88.75 Cor 188.75 Make Check Payable To: FLORIDA Name and Mailing Address of Limited Liability Company DOCUMENT # Global Telnetuc. 1986 NW 18th Street Pompano Ruch, Pl 33866	DEPARTMENT OF STATE	SECRETA TALLAHAS	-4 AM II: 20	
Name and Mailing Address of Limited Liability Company Make Check Payable To: FLORIDA Name and Mailing Address DOCUMENT # Make Check Payable To: FLORIDA Name and Mailing Address DOCUMENT #	DEPARTMENT OF STATE	SECRETA TALLAHAS	Y OF STATE	
Global Telnetuc.		ALEAHAS	13 F P1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
المستواك المستوان الم		1	SLE. FLORIDA	
Pompano Budy PL 33866		1a. Principal Place of Business Address 1785 NW 18th Street		
tompano reall	1906 NW 1011 STREET 38869		Pompano Beach #1-	
		Fompano Dea	33041	
2 Principal Place of Business 1985 NW 18 th Street 1985 NW 18 th Street		3. Date Organized or Qualifier	3a. State of Formation	
ite, Apt. #, etc. Suite, Apt. #, e		Nov 1997 4. FEI Number		
y & State City & State	. Pompan Cads	65-079683	Applied For	
Impano Brash FL Plona Country 7:10	W 33 del	5. Date of Last Report	Not Applicable 6. Certificate of Status Desire	
Botton Country 7ip 330	69 Country		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Ager		l Name and Address of New Reg	Jistered Agent/Office	
Stront Address (AS GAGI IONC P.O. Box Number is Not Acceptable)		
2881 East Oakland Park Blvd	· 1985 NW	18th Street		
F1. Landerdale FL 33306	Suite, Apt. #, etc.			
	Pompano	Beach FI	Zip Code 33069	
Pursuant to the provisions of Sections 608 416 and 608.508, Flor registered office or registered agent, or both, in the State of Elorida: registered agent, and accept the obligations.	ida Statutes, the above-named limited Such shange was authorized by affirma	liability company submits this stative vote of a majority of the memb	atement for the purpose of changingers. I hereby accept the appointment	
GNATURE_	Nick Gaglone	DATE	0/24/98	
Title Managing Members/Managers	Registered Agent signature required with remislating Business Street Address	· · · · · · · · · · · · · · · · · · ·	itv. State and Zip Code	
	05 NW 18th Street	Pompai	- +	
			25	
		600002	963 78 06	
		-89/1 *****	1/98 ~0 1 097 ~004 558.75_****558.75	
]			63 78 06 1798-0 10 97-005	
			*30.00 *** **30.0	
<i>y</i> .				
.		~ .	2.0	
<u>· 1 </u>			50	
I do heroby certify that the information supplied with this filing does n icated on this annual report is true and accurate and that my signat ited liability company or the receiver or truste <u>e em</u> powere <u>d to exce</u> r	oot qualify for the exemption stated in Se ture shall have the same legal effect as	ction 119.07(3) (i), Florida Statute	s. I further certify that the informati	