

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **M00954** (1)
1. Corporation Name
GLOBAL TELECOMMUNICATIONS, INCORPORATED



Principal Place of Business 104 N.W. SPANISH RIVER BLVD BOCA RATON FL 33431	Mailing Address 104 N.W. SPANISH RIVER BLVD BOCA RATON FL 33431-4216
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/24/1984	3a. Date of Last Report 07/10/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2436229		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	25 Country	29 Country		30 Country	
g. Name and Address of Current Registered Agent ECKLOND, CHARLES R. 6102 N.W. 19TH STREET MARGATE FL 33063				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

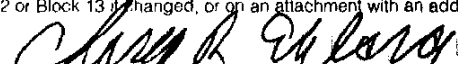
9. Name and Address of Current Registered Agent ECKLOND, CHARLES R. 6102 N.W. 19TH STREET MARGATE FL 33063		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable) 104 NW SPANISH RIVER BLVD.	
83		84 City BOCA RATON	
85 Zip Code 33431		86 State FL	

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:  DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ECKLOND, CHARLES R. 15208 PERSIMMON AVE. DELRAY BEACH FL	1.1 TITLE	☐ Change ☐ Addition
NAME	ST ECKLOND, KIMBERLY 15208 PERSIMMON AVE. DELRAY BEACH FL	1.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		1.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		2.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		3.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		4.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		5.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		6.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 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:  DATE: **4/9/97** DAYTIME PHONE: **561 368 3030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)