SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

appears in Block 12 or Block 13 if changed, or on an attachment with an

Sep 22 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # M96505 (6) GLOBAL MARKETING & TRAVEL, INC. Principal Place of Business Mailing Address **8050 SEMINOLE MALL** P O BOX 2237 **STE 230 LARGO FL 34649** DO NOT WRITE IN THIS SPACE SEMINOLE FL 34642 3a. Date of Last Report 3. Date Incorporated or Qualified 08/30/1988 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2906361 21 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. X Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MCCAUGHNA, CHRISTOPHER 2743 34TH AVENUE NORTH 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33713 JEMINOLE MALL 83 Zip Code **337**22 84 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 of or registered agent for 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. Lam families of an accept the obligations of Section 607.0505, Florida Statutes. ACCREBIANT - NERTIBLE SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (4/97)DPS1 DELETE Change Addition TITLE 1.1 THEE MCCAUGHNA, CHRISTOPHER 1.2 NAME NAME CR2E034 P. O. BOX 2237 N/A 1.3 STREET ADDRESS STREET ADDRESS LARGO FL CITY-ST-ZIP 14 CITY - ST-ZIP DELETE Addition Change TITLE 2.1 NTLE MCCAUGHNA, ERIC NAME 2.2 NAME P. O. BOX 2237 STREET ADDRESS 2.3 STREET ADDRESS LARGO FL 2 4 CHY-ST-ZIP CITY-ST-ZIP Acdition DELETE Change TITLE 3.1 THLE MCCAUGHNA, JOHN 3.2 NAME P. O. BOX 2237 STREET ADDRESS 3.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 3.4 CHY-S1-7IP DITTE ___ Change ___ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 C/TY - S1 - ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 TIFLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS 54 CHY-ST-2IP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 61 1IILE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 14. I do hereby certify that the information supplied with this fring does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this aurural report or supplemental armual 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

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