**FILED** 

Mar 08, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # P31238**

1. Corporation	WEN # P31238	3			
1 1		C OF DELAWARE INC			
FINANS	GLOBAL COMMUNICATION	S OF DELAWARE, INC.	•		
Principal Place of Business Mailing Address				I BEBER PERIO BEBER REBER BEBER 1886	
763 KIRKMAN RD. P.O. BOX 15448					
ORLANDO FL 32811 DURHAM NC 27704				•	
}		US		DO NOT WRITE IN TH	IS SPACE
Ì				3. Date Incorporated or Qualifed	
2 Principal F	Place of Business	2n Mailing Address		10/03/1990	
· ·	riace or business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# etc	Suite, Apt. #, etc.	<del></del>	56-1595620	Not Applicable
22	, 5.65	27		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	<del></del>
23		28		Trust Fund Contribution	55.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	<del></del>
24	25	29	30	Personal Property Tax.	YZ Yes □No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
81 Name					
WHITE, DALE K.		82 Street Add	fress (P.O. Box Number is Not Acceptable)	<del></del>	
763 KIRKMAN ROAD		0	1000 (1.0. Box (fullipor is filet Acceptable)	l	
UHL	ANDO FL 32811		83		
ļ			84 City		85) Zip Code
				F.	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	of changing its registered
agent. i a	om familiar with, and accept the obliga	itions of, Section 607.0505, Flor	rida Statutes.	ion's board of directors, I hereby accept the app	ointment as registered
SIGNATURE					
			Registered Agent signature require	<del></del>	
12.	STD	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	
NAME	COCHRAN, SUZANNE W.	[] betele	P 1		☐ Change ☐ Addition
STREET ADDRESS	4251 N. ROXBORO RD.		1.2 NAME		i
CITY-ST-ZIP	DURHAM NC		1.3 STREET ADDRESS		}
TITLE	CPD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, MICHAEL E.				Claride Clacifor
STREET ADDRESS	4251 N. ROXBORO RD.		2.2 NAME		
	DURHAM NC		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VD	☐ DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME	WHITE, SHIRLEY ANN		3.2 NAME	, · · ·	Change
STREET ADDRESS	4251 N. ROXBORO RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DURHAM NC		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ľ
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		]
CITY-ST-ZIP			6.4 CITY-ST-ZIP		{

14. I 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 suppliemental 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 chantiert, or on an attachment with an address, with all other like impowered.

SIGNATURE:

2/25/99

(919) 477 -8584