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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P93000006563 (9)

95 JUN 28 AM 9:18

1. Corporation Name

GLOBAL MARKETING OPPORTUNITIES, INC.

Principal Place of Business

**321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

Mailing Address

**321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/01/1993

3a. Date of Last Report

08/12/1994

4. FEI Number

65-0389376

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

25

2400 E. COMMERCIAL BLVD.

Suite, Apt. #, etc.

27

SUITE 618

City & State

28

FT. LAUDERDALE, FL

Zip

Country

29

33308-4033

USA

9. Name and Address of Current Registered Agent

**MAASS, ROBB R
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature (typed or printed name of registered agent and the filer)

(If CTE, Registered Agent signature required when re-registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

DPST

NAME

LEMERISE, GARY

STREET ADDRESS

2325 N.E. 28TH ST.

CITY, ST, ZIP

LIGHTHOUSE POINT FL

TITLE

AS

NAME

MAASS, ROBB R.

STREET ADDRESS

321 ROYAL POINCIANA PLAZA

CITY, ST, ZIP

PALM BEACH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DPST

1.2 NAME

LEMERISE, GARY A.

1.3 STREET ADDRESS

2400 E. COMMERCIAL BLVD., SUITE 618

1.4 CITY, ST, ZIP

FT. LAUDERDALE, FL 33308-4033

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-95

305-776-7005

Date

Telephone Number