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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300008004 (2)

GLOBAL INTERNET SALES, INC.

## **FILED** Mar 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address											0181 (09)
				1046 SYLVIA LANE TAMPA FL 33613				DO NOT WRITE IN TH	S SPACE	1	
								3. Date Incorporated or Qualified			
								01/28/1993			
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	Applied For		
21				26				65-0388306	Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional
22				27				C. Commodic of oldings 200,000	F	ee Re	quired
City & State				City & State				6. Election Campaign Financing			May Be
23			28	· • · · · · · · · · · · · · · · · · · ·				Trust Fund Contribution			o Fees
Zip	Country			Zip Cou			,	8. This corporation owes or has paid the		_	. ~
24	25 29 30  9. Name and Address of Current Registered Agent				30]	<b></b> -		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
	<del> </del>		nt Hegis	tered Agent	· · · · · · · · · · · · · · · · · · ·	81	Name	10. Name and Address of New Registers	a Agent		
Monroe, Craig S							IName				
1046 SYLVIA LANE						82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
TAMPA FL 33613						n					
						83					
						84	City		85	Zip C	ode
		<del></del>				نــــــــــــــــــــــــــــــــــــــ		F			
office or re	lo the provisions o egistered agent, o m familiar with, and	r both, in the Stat	e of Florig	da, Such changi	e was authoriz-	ed by	the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of chang ppointme	jing its .nt as r	registered registered
SIGNATURE				.,,							
	Signature Typed or prints						ont signature rec	quired when reinstating) DATE			- 1
12.	P	OFFICERS A	AD DIREC	DELE	13	TITLE	<del> </del>	ADDITIONS/CHANGES TO OFFICERS A			Addition :
	•	AIO 6		DEC						ango	
NAME	MONROE, CR 8640 NW 24 (					NAME	10000000				
STREET ADDRESS		UI.					ADDRESS				
CITY-ST-ZIP	SUNRISE FL			DELE		CITY S	T-ZIP		Ch	2020	Addition
TITLE	•	FAIL 1		[] DELL		TITLE				anye	LI Addition
NAME	MONROE, GL					NAME					
STREET ADDRESS	821 NW 5TH						ADDRESS				
CITY-ST-ZIP	PLANTATION	FL 33322		T DELE		CITY-S	ST-ZIP		Поь		Addition
TITLE				☐ DELE		TITLE			L_ Ch	an <b>y</b> e	Addition
NAME						NAME					}
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP			· - · <del>-</del>	T beer		CITY-S	ST-ZIP		110		1 14491-
TITLE				☐ DELE		TITLE			Ch	ange	Addition
NAME						NAME					
STREET ADDRESS					4.3	STREET	ADDRESS				1
CITY-ST-ZIP						CITY-S	T-ZIP				
TITLE				☐ DELE		TITLE			L_ Ch	ange	Addition
NAME					5.2	NAME					
STREET ADDRESS					5.3	STREET	ADORESS				
CITY-ST-ZIP				, <u></u>		CITY-S	T-ZIP				
TITLE				DELE	TE 6.1	TITLE			☐ Ch	ange	Addition
NAME					6.2	NAME					1
STREET ADDRESS					6.3	STREET	ADDRESS				
CITY-ST-ZIP					6.4	CITY-S	T-ZIP				

14. Thereby 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 enriusal 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 or an attachment with an address:

SIGNATURE:

357-540-4007