

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P93000034527 (0)

1. Corporation Name
FIRST GLOBAL COMMERCE, INC.

Principal Place of Business: **3403 WATERBRIDGE DR. TAMPA FL 33618**
Mailing Address: **3403 WATERBRIDGE DR. TAMPA FL 33618**

DO NOT WRITE IN THIS SPACE

address change
4301 Place Le Manee Lutz FL 33549

2. Filing Officer's Signature: [21]
26. Mailing Address: [26]
22. State Agent's Name: [22]
27. State Agent's Address: [27]
23. State Agent's Title: [23]
28. State Agent's Title: [28]
24. [24] 25. [25] 29. [29] 30. [30]

3. Date Incorporated or Qualified: **05/13/1993**
3a. Date of Last Report: **07/25/1994**
4. FEI Number: **59-3183863** 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**
7. This corporation has business in other states: Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**KATZ, ARNOLD
3403 WATERBRIDGE DRIVE
TAMPA FL 33618**

10. Name and Address of New Registered Agent
B1 Name: [B1]
B2 Street Address (P.O. Box Number is Not Acceptable): [B2]
B3 [B3]
B4 City: [B4] **FL** B5 Zip Code: [B5]

11. I, the undersigned, the person named in Section 9, do hereby certify that the change of registered office or registered agent reported in this report was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the state of Florida and I am qualified to act as a registered agent under the Florida Statutes.

SIGNATURE: [Signature] TITLE: [Title]

12. OFFICERS AND DIRECTORS

1. NAME	D
2. NAME	KATZ, ARNOLD
3. STREET ADDRESS	3403 WATERBRIDGE DR.
4. CITY	TAMPA FL 33618
5. NAME	
6. NAME	
7. NAME	
8. NAME	
9. NAME	
10. NAME	
11. NAME	
12. NAME	
13. NAME	
14. NAME	
15. NAME	
16. NAME	
17. NAME	
18. NAME	
19. NAME	
20. NAME	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information furnished in this filing is substantially true and correct and equally, for the reasons stated in Section 13, that the information is true and correct. I am a resident of the state of Florida and I am qualified to act as a registered agent under the Florida Statutes. I hereby certify that the information furnished in this filing is true and correct and equally, for the reasons stated in Section 13, that the information is true and correct. I am a resident of the state of Florida and I am qualified to act as a registered agent under the Florida Statutes.

SIGNATURE: [Signature] TITLE: [Title]

4/16/95 813884 2861