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

P93000037094 (8) DOCUMENT

GLOBAL COMPUTER DESIGN, INC. Principal Place of Business Mailing Address 336 STILL FOREST TERRACE 336 STILL FOREST TERRACE SANFORD FL 32771 SANFORD FL 32771 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/19/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3175905 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the burrent par Intangible Personal Property Tax due June 30. 24 25 29 30 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name ST PIERRE, EDMOND J IV 1641 RUTLEDGE RD 82 Street Address (P.O. Bo LONGWOOD FL 32779 83 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 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 file if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE ST PIERRE, EDMOND J IV NAME 1.2 NAME 336 STILL FOREST TERRACE STREET ADDRESS 1.3 STREET ADDRESS SANFORD FL 32771 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 1 TLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE Change ☐ Addition 51 Title NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-7IP DELETE Change TITLE ■ Addition 6.1 TITLE NAME 6.2 NAME

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 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 Virous

6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP

STREET ADDRESS

CITY-ST-ZIP

ST D. COLLI

FILED

May 11 1998 8:00am

Secretary of State