Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90037 002 ***150.00

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 # P93000052196

1. Corporation Name

GLOBAL SALES AND MARKETING, INC.

azobniz								
Principal Place	e of Business	Mailing Address				I INTEREST AND INTERESTED AND ADDITIONAL AND ADDITIONAL AND ADDITIONAL AND ADDITIONAL AND ADDITIONAL ADDITIONA	•	, , , , , , , , , , , , , , , , , , , ,
3060 GRAND BAY BLVD 3060 GRAND BAY BLVD								
152						DO NOT WRITE IN THIS SI	BACE	
LONGBOAT KEY FL 34228 US US						3. Date Incorporated or Qualifed	-402	
US		US						ļ
		D. Mailing Address	,			07/22/1993 4. FEI Number		pplied For
2. Principal P	Place of Business	2a. Mailing Address 26 205 Colden	Gost	e P4		65-0432585	<u> </u>	ot Applicable
21 203	Golden Gate Pt	26 203 40 KILL	4					Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27						5. Certificate of Status Desired	Fee Re	equired
City & State City & State 28 Saras 1/a 28 Saras 1/a						6. Election Campaign Financing		May Be
					-,	Trust Fund Contribution		to Fees
Zip 24 3423	3 6 25 Salas of	34236	Country	x as = 1	ta	8. This corporation owes the current year Intan	gible ∃Yes	□No
24 3925		29 3923 30	<u>هر ا</u>	,70001		Personal Property Tax. 10. Name and Address of New Registered Ag		
	9. Name and Address of Current	Registered Agent	81	Name		TO. Halle and Address Of them registered Ap		
WOLLAND, FRANK								
12865 WEST DIXIE HWY				Street A	ddres	ss (P.O. Box Number is Not Acceptable)		
N MIAMI FL 33161				1				
	12 30 10 1		83	'				
			84	City		FL	85 Zip	Code
				<u> </u>		ration submits this statement for the purpose of ch	onging its	ragistared
office or r	registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida. Such change was autho	orized by	the corpo	ration	n's board of directors. I hereby accept the appointr	nent as re	agistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	jistered Age	ent signature re	guired v	when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND		ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		0	os Golden Cary Ry #	Change	Addition
NAME	OZAROFF, GARY		1.2 NAME		24	05 Golden Cate Pt #	4023	'
STREET ADDRESS	3060 GRAND BAY BLVD, 152		1.3 STREE	T ADDRESS		1. 10.		Ì
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY-5	ST-ZIP	.ک	arasota, PL 34236		
TITLE			2.1 TITLE				Change	☐ Addition
NAME			2.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	1				
TITLE		☐ DELETE	31TITLE	-			Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3 3 STREE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY-					
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME	.				
STREET ADDRESS			4.3 STREE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-5					
TITLE		☐ DELETE	5.1 TITLE		_		Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ET ADORESS				
CITY-ST-ZIP	[54 CITY-1	ST-ZIP				
TITLE	 	DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME				-	
NAME	1			ET ADDRESS				}

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 supplemental 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: