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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P93000057606 (4)**

1. Corporation Name

**FLORIDA GLOBAL, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O HARALD H. EYBEN 1406<br>89 SOUTH ATLANTIC AVENUE STE. 1106<br>ORMOND BEACH FL 32176 | C/O HARALD H. EYBEN 1406<br>89 SOUTH ATLANTIC AVENUE STE. 1106<br>ORMOND BEACH FL 32176 |

3. Date Incorporated or Qualified: **08/12/1993**
3a. Date of Last Report: **02/03/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22 now: Suite 1406
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27 now: Suite 1406
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3196103** ☐ 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

9. Name and Address of Current Registered Agent

**EYBEN, HARALD H**
**89 SOUTH ATLANTIC AVENUE**
**STE. 1106**
**ORMOND BEACH FL 32176**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 89 S. Atlantic Ave., suite 1406
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 (Required if this is a change of registered agent.) (Typed or Printed Name of Registered Agent and Title if Agent is Corporation) Date

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTSD<br>EYBEN, HARALD<br>89 S ATLANTIC AVE, STE 1106<br>ORMOND BCH FL ☐ DELETE | 1 TITLE<br>1 NAME<br>1 STREET ADDRESS<br>1 CITY-ST-ZIP | ☒ Change ☐ Addition<br>change to: suite 1406<br>everything else remains unchanged |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 2 TITLE<br>2 NAME<br>2 STREET ADDRESS<br>2 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 3 TITLE<br>3 NAME<br>3 STREET ADDRESS<br>3 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 4 TITLE<br>4 NAME<br>4 STREET ADDRESS<br>4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 5 TITLE<br>5 NAME<br>5 STREET ADDRESS<br>5 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 6 TITLE<br>6 NAME<br>6 STREET ADDRESS<br>6 CITY-ST-ZIP | ☐ Change ☐ Addition |

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 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.

**SIGNATURE:** HARALD EYBEN H. Eyben 01/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #

CR2E034 (12/95)