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

PROFIT CORPORATION

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS						
DOCUM 1. Corporation N	ENT # P9300 0	0065109 (9)			
GLOBAI	CONNECTIONS, INC.				4 18 8 11 8 6 6 7 8 18 18 18 18 18 18 18 18 18 18 18 18 1	AL BANN BUND BURG BURG UTIN TONG HAK UDOK
Principal Place of	I Business	Mailing Address				
523 W COLONIAL DR ORLANDO FL 32804		523 W COLONIAL DR ORLANDO FL 32804				
					3. Date Incorporated or Qualified 09/10/1993	3a. Date of Last Report 03/14/1995
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3229726	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country		Countr	v	8. This corporation has liability for	710-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
24	25 29 30		-		Florida Statutes Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New I	Registered Agent
			8.			:
MALONE, J. MICHAEL			8	2 Street A	ddress (P.O. Box Number is Not Acceptal	ole)
523 W COLONIAL DR			8:	3		
ORLAND	O FL 32804		Ľ	<u></u>		
			8	4 City		FL 85 Zip Code
11 Purcuant to	the provisions of Sections 607 0502	and 607.1508. Florida Statute	s, the above	named co	rporation submits this statement for the puboard of directors. I hereby accept the app	irpose of changing its registered office
or registered	d agent, or both, in the State of Florid, and accept the obligations of, Section	 a. Such change was authorized no 607 0505. Elorida Statutes. 	ed by the cor	poration's l	board of directors. I hereby accept the app	pointment as registered agent. I am
	, ,					
SIGNATURE	ignature, typed or printed name of registered agent a	and title if applicable. (NO		ont signature re	quired when reinstating)	FICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OF	Change Addition
THILE	PTD DAVMOND T	_ bittic	1.2 NAM			
NAME CLUSET ADDRESS	MITCHELL, RAYMOND T 1632 EAGLE NEST CIR			1.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	WINTER SPRINGS FL 32708		1.4 CITY			
THLE	VSD DELETE		2 1 TITLE			Change Addition
NAME	MITCHELL, CHRISTINE L		2 2 NAM	E		
STREET ADDRESS	1632 EAGLE NEST CIR		2 3 STREET ADDRESS			
CITY - ST - ZIP	WINTER SPRINGS FL 32708	C) DELETE		-ST-ZIP		Change Addition
TITLE	D	DELETE	3. 1 TITL			T quante T yandan
NAME	MITCHELL, GEORGE		3.2 NAM	EET ADDRESS		
STREET ADDRESS	3330 DORAL CT WALNUT CRK CA		3.4 CITY			
GITY-ST-ZIP TITLE	D D	☐ DELETE	4.1 TiTL			Change Addition
NAME	COSGROVE, DOUGLAS W		4 2 NAM	E !		
STREET ADDRESS	725 JAROLEMON AVE APT	201	4 3 STRE	ET ADDRESS	30 Georgia Dr	a ~ _
CITY-ST-ZIP	BELLEVILLE NJ			- ST - ZIP	wayne, MJ (DY476
TITLE	D	☐ DELETE	5 1 TITL			Change Addition
NAME	HALEBLIAN, RICHARD		5 2 NAM	_	2 wetwore Dr	
STREET ADDRESS	86 WESTMORE DR			ET ADDRESS	Boonson Twos,	MZ 07005
CHTY-ST-ZIP	BOANTON TWNS NJ	DELETE	5.4 CITY 6 1 TITL	'-ST-ZIP F	BOBLO TON TWOLE	Change Addition
TITLE			62 NAM			tops or trans

CR2E034 (12/95)

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)(k), 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, so on an attachment with an address. SIGNATURE SUSTINE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LA MITCHELL Date Date

63 STREET ADDRESS

6.4 CITY-ST-ZIP