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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000065109 (9)

1. Corporation Name
GLOBAL CONNECTIONS, INC.



Principal Place of Business

623 W COLONIAL DR
ORLANDO FL 32804

Mailing Address

523 W COLONIAL DR
ORLANDO FL 32804-6803

3. Date Incorporated or Qualified 09/10/1993
3a. Date of Last Report 04/29/1996

4. FEI Number 59-3229726
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MALONE, J. MICHAEL
523 W COLONIAL DR
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME MITCHELL, RAYMOND T
STREET ADDRESS 1002 EAGLE NEST CIR
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE VSD
NAME MITCHELL, CHRISTINE L
STREET ADDRESS 1002 EAGLE NEST CIR
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE D
NAME MITCHELL, GEORGE
STREET ADDRESS 3330 DORAL CT
CITY-ST-ZIP WALNUT CRK CA

TITLE D
NAME COSGROVE, DOUGLAS W
STREET ADDRESS 30 GEORGIA DR.
CITY-ST-ZIP WAYNE NJ

TITLE D
NAME HALEBIAN, RICHARD
STREET ADDRESS 2 WESTMORE DR
CITY-ST-ZIP BOANTON TWINS NJ

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1026 Nancy Circle
1.4 CITY-ST-ZIP Winter Springs, FL 32708

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1026 Nancy Circle
2.4 CITY-ST-ZIP Winter Springs, FL 32708

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 2 Westmore Dr
5.4 CITY-ST-ZIP Boonton Twins, NJ

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: [Signature] 4/28/97 402-359-2158

CR2E034 (9/96)