

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000079358 (6)

1. Corporation Name

GLOBAL ENTERPRISES LTD., INC.



Principal Place of Business

Mailing Address

985 STATE ROAD 206
ST. AUGUSTINE FL 32086

P.O. BOX 4289
ST. AUGUSTINE FL 32085

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 985 W. SR 206

22 City & State

27 City & State

23 Zip

Country

28 ST AUGUSTINE FL

24 Zip

Country

29 32086

Country

30 ST JOHNS

9. Name and Address of Current Registered Agent

GIANNINI, LEOPOLDO
985 STATE ROAD 206
ST. AUGUSTINE FL 32086

3. Date Incorporated or Qualified

11/12/1993

3a. Date of Last Report

07/07/1995

4. FEI Number

59-3214192

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

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 of person submitting this report (if not the registered agent, then the president or owner)

(NOTE: Registered Agent's signature required when new filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PSD

NAME

GIANNINI, LEOPOLDO

STREET ADDRESS

35 SANDPIPER BLVD.

CITY - ST - ZIP

ST. AUGUSTINE FL 32084

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY - ST - ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY - ST - ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY - ST - ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY - ST - ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY - ST - ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

7/22/96

DATE OF PREPARE

904
797-2665

CR2E034 (3/96)