

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000010253 (0)**

1. Corporation Name

GLOBAL PARTNERS CORPORATION



Principal Place of Business

**4621 N LANDMARK DR
ORLANDO FL 32817-1235**

Mailing Address

**4621 N LANDMARK DR
ORLANDO FL 32817-1235**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

g. Name and Address of Current Registered Agent

**UNICORN RESEARCH CORPORATION
4621 N LANDMARK DR
ORLANDO FL 32817-1235**

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 607.0302 and 607.1506, 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 607.0306, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	DESOUZA, ADRIENNE	
STREET ADDRESS	301 WICKHAM CT	
CITY-STATE-ZIP	LONGWOOD FL 32779-4543	
TITLE	D	DELETE
NAME	MAHORTER, LYNDIA	
STREET ADDRESS	200 ST ANDREWS BLVD #2008	
CITY-STATE-ZIP	WINTER PARK FL 32792	
TITLE	D	DELETE
NAME	MATULICH, SERGE	
STREET ADDRESS	4621 N LANDMARK DR	
CITY-STATE-ZIP	ORLANDO FL 32817-1235	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE	Change	Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE	Change	Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE	Change	Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE	Change	Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied herein is true and accurate, and I do not qualify for the exemption stated in Section 119.07(3)(b), 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:

Serge Matulich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 1996 407-657-4974

DATE AND PHONE NUMBER

CR2E034 (12/95)