FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000010253

1. Corporation Name

GLOBAL PARTNERS CORPORATION

Principal Place of Business
4621 N LANDMARK DR ORLANDO FL 32817-1235

Mailing Address

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90046 009 ***150.00



4621 N LANDMARK DR ORLANDO FL 32817-1235	4621 N LANDMARK DR ORLANDO FL 32817-1235			DO NOT WRITE IN THIS SPACE							
				3. Date Incorporated or Qualifed 02/08/1994							
2. Principal Place of Business	2a. Mailing Address			4, FEI Number	Applied For						
न	26			59-3228204	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						
Zip Country	Zip 29	Country 30		This corporation owes the current year Interpretation Personal Property Tax.	angible □Yes □No						
	s of Current Registered Agent	<u> </u>		10. Name and Address of New Registered	Agent						
UNICORN RESEARCH CO		81	Name								
4621 N LANDMARK DR			82 Street Address (P.O. Box Number is Not Acceptable)								
ORLANDO FL 32817-1235		83	83								
		84	City	FL	85 Zip Code						
11. Pursuant to the provisions of Section	ons 607,0502 and 607,1508, Florida Statute	es, 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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if a	applicable. (NOTE: R	egistered Agent signature n	equired when reinstating)		DATE				
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D	☐ DELETE	1.1 TITLE				Change	☐ Addition		
NAME	DESOUZA, ADRIENNE		1.2 NAME							
STREET ADDRESS	301 WICKHAM CT		1.3 STREET ADDRESS							
CITY-ST-ZIP	LONGWOOD FL 32779-4543		1.4 CITY-ST-ZIP				<u></u>			
TITLE	D	☐ OELETE	2.1 TITLE	D			K Change	Addition		
NAME	MAHORTER, LYNDA		. 2.2 NAME		1					
STREET ADDRESS	200 ST ANDREWS BLVD #2008		2.3 STREET ADDRESS	3-L Fallon	CF					
CITY-ST-ZIP	WINTER PARK FL 32792		2.4 CITY-ST-ZIP	3-L Fallon Baltimore,	<u>_Md</u>	21236				
TITLE	D	☐ DELETE	3.1 TITLE	•			Change	☐ Addition		
NAME	MATULICH, SERGE		3.2 NAME							
STREET ADDRESS	4621 N LANDMARK DR		3.3 STREET ADDRESS							
CITY-ST-ZIP	ORLANDO FL 32817-1235		3.4. CITY-ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition		
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE		DELETE	5.1 TITLE			•	Change	☐ Addition		
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS				•			
CITY-ST-ZIP			5.4 CITY-ST-ZIP					u		
TITLE		☐ DELETE	6.1 TITLE	,			☐ Change	☐ Addition		
NAME			6 2 NAME				ż			
STREET ADDRESS			6.3 STREET ADDRESS				.* · · ·			
CITY-ST-ZIP			6.4 CITY-ST-ZIP		ι					

14. I 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, with all other like empowered.