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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY - ST - ZIP

SIGNATURE AND TYE



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 12 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000026657 (4)

GLOBAL FINANCIAL CONSULTANTS. INC.

5816 MASTERS BLVD. 5816 MASTERS BLVD. ORLANDO FL 32819-4072 ORLANDO FL 32819 3. Date Incorporated or Qualified 3a. Date of Last Report 04/07/1994 07/01/1996 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 59-3237975 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 26 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name POONAWALA, KARIM 5816 MASTERS BLVD Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32819 83 84 City 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. KARIM POONAWALD aii SIGNATURE (NOTE: Registered Agent signature required when reinstating) typical or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1.1 TITLE THILE POONAWALA, KARIM 1.2 NAME NAME 5816 MASTERS BLVD. 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 1.4 CITY-ST-ZIP Citt's St. Zig Change Addition DELETE 2.1 TITLE THILE 2.2 NAME NAME 2.3 STREET ADDRESS STEEL ADDRESS 2. 4 CITY-ST-ZIP CHY-ST-7IP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME **3 3 STREET ADDRESS** STREET ADORESS 3 4. CITY-ST-ZIP CITY-ST-7/F Addition Change DELETE 41 TITLE TILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP 017Y - ST - 71P Addition Change DELETE 5.1 TITLE  $101 \pm 6$ 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 proon an attachment with an address.