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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000039161 (2)

GLOBAL NETCOMMS, INC.

FILED Jan 30 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | { | da 4164 4 18481 11860 81681 1181 1881 |
|---|---|---------------------|--|--|---|
| , | | | | | |
| 5640 BAYVIEW DR 5640 BAYVIEW DR SEMINOLE FL 33772 SEMINOLE FL 33772 | | | | | |
| US US | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualified | |
| | | | ······································ | 05/24/1994 | |
| | lace of Business O BAYYEW DR. | 2a. Mailing Address | VIEW DR. | 4. FEI Number | Applied For |
| 21 564 | ····· | | | 59-3251372 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 City & State | Δ | City & State | | - Floring O | |
| 23 54 74 | NOLE, FL | 28 JEMINOLE | FL. | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| l 7in | Country | Zip | Country | 8. This corporation owes or has paid th | |
| 24 337° | 72 ₂₅ USA | → → → → フフユ | N 10 00 | Personal Property Tax due June 30. | Yes No |
| | g. Name and Address of Current | | | 10. Name and Address of New Registe | ered Agent |
| RICE, ROBERT P JR. 81 Name | | | | | |
| FOAD MANAGUI DD | | | | ress (P.O. Box Number is Not Acceptable) | |
| SEMINOLE FL 33772 | | | | ess (F.O. Box Number is Not Acceptable) | |
| 83 | | | 83 | | |
| | | | 84 City | | lee Zip Code |
| | | | 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 ponted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | P Not content b | DELETE | 1.1 TITLE | | Change Addition |
| NAME | RICE, ROBERT P | | 1.2 NAME | | |
| STREET ADDRESS | 5640 BAYVIEW DR. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SEMINOLE FL 34642 | DELETE | 1.4 CITY-ST-ZIP | | Change Addition |
| TITLE | | □ Derest | 2.1 TITLE | | Change Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| _CITY-ST-ZIP | | DELETE | 2 4 CITY-ST-ZIP | | Change Addition |
| TITLE | | LJ bettie | 31 TITLE | | C change C Addition |
| NAME STREET LANGUESS | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | *************************************** | DELETE | 3.4 CITY-ST-ZIP 4.1 TITLE | | Change Addition |
| 1 | | C PARCE | | | CT Olacido CT Modifion |
| NAME etreer aboves | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 4.4 CITY - ST - ZIP 5.1 TITLE | | Change Addition |
| TITLE NAME | | - pettit | 5.2 NAME | | ET Otterido ET vanifott |
| | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | ☐ DELETE | 5.4 CITY-ST-ZIP | | Change Addition |
| TITLE | | | 6.1 TITLE | | CHOUNTS CHANGING |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

14. Thereby 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 eath; 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 indiress.

CIONATURE.

Popul P. Kis 10

1/9/98 393-4583