

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

95 AUG 10 PM 12: 36

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # P94000046852 (7)**

1. Corporation Name  
**GLOBALVEST CORPORATION**

Principal Place of Business	Mailing Address
425 S. CHICKASAW TRAIL SUITE 103 ORLANDO FL 32825	425 S. CHICKASAW TRAIL SUITE 103 ORLANDO FL 32825

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/23/1994</b>		3a. Date of Last Report <b>N/A</b>	
4. FEI Number <b>59-3250 994</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.052, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address				4. FEI Number															
21		22		23		24		25		26		27		28		29		30					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				City & State				City & State				Zip				Country			
City & State				City & State				Zip				Country				Zip				Country			

9. Name and Address of Current Registered Agent

**LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **DONALD N. O'BORN**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**10321 WINDING CREEK LANE**  
 83  
 84 City **ORLANDO** FL 85 Zip Code **32825**

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 Donald N. O'born (DONALD O'BORN) V.P./D 8/6/95 DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>MILLER, PETER E</b>
STREET ADDRESS	<b>425 S. CHICKASAW TRAIL, #103</b>
CITY - ST - ZIP	<b>ORLANDO FL 32825</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>V/P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>O'BORN, DONALD N.</b>	
1.3 STREET ADDRESS	<b>10321 WINDING CREEK LANE</b>	<b>(ORIGINAL OFFICER)</b>
1.4 CITY - ST - ZIP	<b>ORLANDO, FL 32825</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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 Donald N. O'born (DONALD O'BORN) V.P./DIR. 8/6/95 4072750780 DATE

CR2E034 (3/95)