

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 06/23/1994		3a. Date of Last Report N/A	
4. FEI Number 59-3250 994		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				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

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
Signature, typed or printed name of registered agent and title (specify) PHONE Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	V/P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, PETER E	1.2 NAME	O'BORN, DONALD N. (ORIGINAL OFFICER)
STREET ADDRESS	425 S. CHICKASAW TRAIL, #103	1.3 STREET ADDRESS	10321 WINDING CREEK LANE
CITY - ST - ZIP	ORLANDO FL 32825	1.4 CITY - ST - ZIP	ORLANDO, FL 32825
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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./D.I.R. 8/6/95 4072750780
Signature and typed or printed name of signing officer or director Date System Fees #

CF2E034 (3/95)