

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P94000046852 (7)**  
 1. Corporation Name

**GLOBALVEST CORPORATION**



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

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

3	Date Incorporated or Qualified	3a	Date of Last Report
	06/23/1994		08/10/1995
4	FBI Number	Applied For	
	59-3250994	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  
**O'BORN, DONALD N  
 10321 WINDING CREEK LANE  
 ORLANDO FL 32825**

10. Name and Address of New Registered Agent	
81	Name <b>DONALD N. O'BORN</b>
82	Street Address (P.O. Box Numbers Not Acceptable) <b>10321 WINDING CREEK LANE</b>
83	
84	City <b>ORLANDO</b>
85	Zip Code <b>FL 32825</b>

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]* **DONALD N. O'BORN** 8/2/96

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>MILLER, PETER E</b>	
STREET ADDRESS	<b>425 S. CHICKASAW TRAIL, #103</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11	TITLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	NAME		
13	STREET ADDRESS		
14	CITY-ST-ZIP		
21	TITLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22	NAME		
23	STREET ADDRESS		
24	CITY-ST-ZIP		
31	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
32	NAME		
33	STREET ADDRESS		
34	CITY-ST-ZIP		
41	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
42	NAME		
43	STREET ADDRESS		
44	CITY-ST-ZIP		
51	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
52	NAME		
53	STREET ADDRESS		
54	CITY-ST-ZIP		
61	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
62	NAME		
63	STREET ADDRESS		
64	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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **DONALD N. O'BORN** 8/2/96 407382 8734

CR2E034 (3/96)