

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Murrain
Secretary of State
1750 N.W. 25th Avenue, Tallahassee, Florida 32301

APPROVED
AND
FILED

APR 11 1995 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000058389 (5)**

GLOBAL MUTUAL FUND SERVICES, INC.

Principal Office Location: **305 SOUTH ANDREWS AVE SUITE 601 FT. LAUDERDALE FL 33301**
Mailing Address: **P.O. BOX 14093 FT. LAUDERDALE FL 33302**

3. Certificate(s) reported as required: **08/08/1994**
3a. Date of last Report

2. Principal Office Location: **7305 W. SAMPLE RD SUITE 201 CORAL SPRINGS FL 33065**
2a. Mailing Address: **FL BSA**
21. State: **FL**
22. City: **CORAL SPRINGS**
23. State: **FL**
24. City: **FL BSA**

4. Filer Number: **65-0513425**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. Filing State: Yes No

9. Name and Address of Current Registered Agent:
**HAVNER, MARCIA A
1201 HAYES ST.
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent:
81. Name: **EDWARD M TIGHE**
82. Street Address (P.O. Box Number is Not Acceptable): **121 FIESTA WAY**
83. City: **FT. LAUDERDALE**
84. State: **FL**
85. Zip Code: **33301**

11. Pursuant to the provisions of Sections 607.02(3)(b) and 607.15(2)(b), Florida Statutes, the above named corporation voluntarily has determined for the purpose of changing its registered office or registered agent 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 not a resident of the State of Florida. Florida Statutes.
Signature: *Edward M Tighe* **EDWARD M TIGHE** Date: **4/27/95**

12. OFFICERS AND DIRECTORS:
D
NAME: **TIGHE, EDWARD M**
ADDRESS: **900 RIVER BEACH DR., SUITE 508 FT. LAUDERDALE FL 33315**

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS, IN: Change Addition
D
NAME: **EDWARD M TIGHE**
ADDRESS: **121 FIESTA WAY FT. LAUDERDALE FL 33301**

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and claims that qualify for the exemption stated in s. 607.15(2)(b), Florida Statutes. I further certify that the information included 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 this certificate is filed on the corporation or trust's behalf or the person or persons named to execute this report as required by Chapter 607, Florida Statutes, and that my signature appears on the certificate or report or on an attachment with an address.

SIGNATURE: *Edward M Tighe* **EDWARD M TIGHE** Date: **4/27/95** Phone: **(305) 463-7400**