

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. Martham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000068345 (5)

1. Corporation Name

GLOBAL ENTERPRISES INT'L. INC.



Principal Place of Business

Mailing Address

7450 AMANDAS CROSSING DRIVE, N.
 JACKSONVILLE FL 32244

7450 AMANDAS CROSSING DRIVE, N.
 JACKSONVILLE FL 32244

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc

27

Suite, Apt. #, etc

28

City & State

29

City & State

30

Zip

25

Country

29

Zip

30

Country

3. Date Incorporated or Qualified
09/14/1994

3a. Date of Last Report
06/09/1995

4. FEI Number

59-3271764

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. This corporation has liability for intangible tax under s. 199.03?, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

**SHULTS, MARJORIE A
 7450 AMANDAS CROSSING DRIVE, N.
 JACKSONVILLE FL 32244**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 printed name of registered agent if applicable

(Not Required if Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> TITLE	P	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHULTS, MARJORIE A		12 NAME		
STREET ADDRESS	7450 AMANDAS CROSSING DR N		13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP		
<input type="checkbox"/> TITLE	VPGM	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHULTS, MARVIN		22 NAME		
STREET ADDRESS	7450 AMANDAS CROSSING DR N		23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		24 CITY-ST-ZIP		
<input type="checkbox"/> TITLE		<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
<input type="checkbox"/> TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
<input type="checkbox"/> TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
<input type="checkbox"/> TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			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:

Marvin Shultz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96

904-573-7831

CR2E034 (3/96)