## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 1. Corporation Name P94000080457 (2)

GLOBA	AL CONSULTANTS, INC.								
Principal Place of Business Mailing Address						A LABILEBRI DIR LOLLU BRIDI BRIDI BRILL BRIDI		OH)) OIDEN EI	HI FOOL MOOL
1980 SOUTH OCEAN DRIVE 1980 SOUTH OCEAN DRIVE			Æ						
SUITE E-MEZZ HALLANDALE FL 33009		SUITE E-MEZZ HALLANDALE FL 33009			DO NOT WRITE IN THIS SPACE				
HALLANDALE	FF 3300a	HALLANDALE PL 33009				3. Date Incorporated or Qualified			
						10/31/1994			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				65-0550183		No	t Applicable
Suite, Apt.	#, ota.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
27								Fee Re	····
City & State	0	City & State	1 '			6, Election Campaign Financing		\$5.00	
Zip	Country	28	Zip Country		<del></del>	Trust Fund Contribution		Added t	
24	25			Country		<ol> <li>This corporation owes or has paid Personal Property Tax due June 3</li> </ol>			angible No
24		9. Name and Address of Current Registered Agent				10. Name and Address of New Regi			
un	DECH, DAVIO		8	1 N	Vame				
	BO SOUTH OCEAN DRIVE			<u>.</u>	Nanak Antalana	on (D.O. Day Niverbay in Not Assentable	-1		
SUITE E-MEZZ				82 Street Address (P.O. Box Number is Not Acceptable)					
H.A	LLANDALE FL 33009		8						
					Dity		- FL ∣	,	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.									s registered registered
SIGNATURE	Signature, lyped or printed name of registered as	pent and title if applicable (NOTE:	Registered A	gent s	signature required	when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND D	RECTOR	\$ IN 12
TITLE	P	☐ DELETE 1.11						Change	☐ Addition
NAME			1.2 NAM	1.2 NAME					
STREET ADDRESS	1000 01 000 01 01 01 01 01 01 01 01 01 0		1.3 STRE	1.3 STREET ADDRESS					
CITY-ST-ZIP				1.4 CITY-ST-ZIP		<del></del>			
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NAME				2.2 NAME					
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY		ZIP		<del></del>	Change	Addition
TITLE	—		3 1 TITLE				L	7 rusude	☐ Modified
NAME			3.2 NAMI						
STREET ADDRESS			3.3 STRE		1				
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-1		ZIP			Change	Addition
NAME		- Percir	4.2 NAME				<b>L</b>	_ c.unge	- Addition
STREET ADDRESS			4.3 STREE		DOCCC				
CITY-ST-ZIP			4.4 CITY - S		- 1				
TIFLE		DELETE	5 1 TITLE		"		Γ.	Change	Addition
NAME		<del>-</del> · · · · · ·		5.2 NAME			_	•	
STREET ADDRESS			5.3 STRE		ORESS				
CITY-ST-ZIP			5.4 CITY						
TITLE	The state of the s		6.1 TITLE					Change	☐ Addition
NAME	6.2		6.2 NAMI	E					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

6.3 STREET ADDRESS

STREET ADDRESS

CAROL A. HOECH

4-1498

**FILED** 

Apr 17 1998 8:00am

Secretary of State

954-456-5259