

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

FILED

Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000014966 (2)

1. Corporation Name
GLOBALNET SECURITIES, INC.

Principal Place of Business
250 PARK AVENUE SOUTH
SUITE 200
WINTER PARK FL 32789

Mailing Address
250 PARK AVENUE SOUTH
SUITE 200
WINTER PARK FL 32789-4369



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

02/22/1995

3a. Date of Last Report

03/15/1996

4. FEI Number

59-3309695

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. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICELI, JEROME F
250 PARK AVENUE SOUTH
SUITE 200
WINTER PARK FL 32789

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input type="checkbox"/> DELETE
NAME	VEITA, DIEGO J	
STREET ADDRESS	250 PARK AVENUE SOUTH, SUITE 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MICELI, JEROME F	
STREET ADDRESS	250 PARK AVENUE SOUTH, SUITE 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	SAKER, STEPHEN A	
STREET ADDRESS	250 PARK AVENUE SOUTH, SUITE 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCMURTRY, NANCEY M	
STREET ADDRESS	250 PARK AVENUE SOUTH, STE 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	CUFF, SHERI	
STREET ADDRESS	250 PARK AVENUE SOUTH, STE 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TABBACK, JOSEPH P	
STREET ADDRESS	250 PARK AVENUE SOUTH, STE 200	
CITY-ST-ZIP	WINTER PARK FL 32789	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Jerome F. Miceli* REQUIRED Jerome F. Miceli 01/22/97 407/629-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)