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CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000017417 (3)

FILED Apr 14 1998 8:00am Secretary of State

GLOB	BAL GATEWAYS, INC.	·	•					
Principal Place of Business Mailing Address					n haddinder ald inink dibit abute det	IEI WOREL DURUN LUI	81 400H BLUBI I	1811 (891 (891
4051 N.W. 101ST DRIVE 4051 N.W. 101ST DRIVE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 3306					DO NOT WRI	TE IN THIS S	SPACF	
				3	. Date Incorporated or Qualified	3		
					03/02/1995			
2. Principal P	Place of Business	2a. Mailing Address		4	. FEI Number	-	Ap	plied For
21		26			65-0560994		No	l Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5	. Certificate of Status Desired		\$8.75 A Fee Re	
City & State	e	City & State		6	. Election Campaign Financing		\$5.00	May Be
23		28		1	Trust Fund Contribution		Added to	
Zip	Country	Zip	Country	8	. This corporation owes or has	paid the curr	ent year Inta	angible
24	25	29	30		Personal Property Tax due Jui	ne 30. 🛮 🗷	Yes [] No
	9. Name and Address of Curren	nt Registered Agent		10	, Name and Address of New F	Registered A	\gent	
H	IUD\$ON, MATTHEW C		81 Nam	е				
4	051 N.W. 101ST DRIVE		B2 Stree	t Address (P.O. Box Number is Not Accept	able)	<u>-</u>	
c	ORAL SPRINGS FL 33065							
			В3					
			84 City	 			85 Zip (Code
						FL		
agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	92 and 607.1508, Florida Statu Fof Florida, Such change was ations of, Section 607.0505, Fl	tes, the above-name authorized by the co lorida Statutes.	d corporation's	on submits this statement for the board of directors. I hereby acc	e purpose of sept the appo	changing its ointment as i	s registered registered
SIGNATURE								
1	Signature, typed or printed name of registered age	nt and trie if applicable (NO	1E. Registered Agent signate	re required who	si reinstating)	DATE		
12.	Signature, typed or printed name of registic ed age OFFICERS AN		It Registered Agent signate	re required who	at reinstating) ADDITIONS/CHANGES TO OFF		DIRECTOR	S IN 12
12.			· · · · · • • • · · · · · · · · · · · ·		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR:	S IN 12
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Thereby 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 supplemented annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the regimes or trustee compowered 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 the supplemental and dress.

1.1-100