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Jan 31 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 # P95000020237 (0)

1. Corporation Name  
GLOBAL TELECOM TECHNOLOGIES, INC.



Principal Place of Business

4005 PRIORY CIRCLE  
TAMPA FL 33624  
US

Mailing Address

4005 PRIORY CIRCLE  
TAMPA FL 33624-2721  
US

2. Principal Place of Business

21 15029 LAUREL COVE CIRCLE  
Suite, Apt. #, etc.

2a. Mailing Address

15029 LAUREL COVE CKL  
Suite, Apt. #, etc.

City & State

23 ODESSA, FL

City & State

28 ODESSA, FL

Zip

24 33556

Country

25 HILLSBORO

Zip

29 33556

Country

30 HILLSBORO

9. Name and Address of Current Registered Agent

KAPUR, SHASHI  
4005 PRIORY CIRCLE  
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name KAPUR, SHASHI  
82 Street Address (P.O. Box Number is Not Acceptable)  
15029 LAUREL COVE CIRCLE  
83  
84 City ODESSA FL 85 Zip Code 33556

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

S.B. Kapor, SHASHI KAPUR, PRESIDENT & CEO

DATE 1/22/97

(Signature typed or printed name of registered agent and for if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAPUR, SHASHI	
STREET ADDRESS	14114 HOLLINGFARE PLACE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHASHI KAPUR	
1.3 STREET ADDRESS	15029 LAUREL COVE CIRCLE	
1.4 CITY-ST-ZIP	ODESSA, FL 33556	
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:

S.B. Kapor, SHASHI KAPUR,

1/22/97

813-920 8164

(Signature typed or printed name of signing officer or director)

Daytime Phone #

CR2E034 (9/96)