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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name P95000020237 (0)

FILED Feb 27 1998 8:00am Secretary of State

| GLOBAI | L TELECOM TECHNOLOGIES | S, INC. | | | | | | |
|-----------------------------------|---|---|---------------------|----------------------|-----------------------|--|--------------------|-------------------|
| Principal Place | of Business | Mailing Address | | | | T E CONTINUE ALM INCHE MITTE META MATTE MATER | A EINEI RAILM ILDA | # 3(3)4 1304 1001 |
| 15029 LAUREL ODESSA FL 3 US | . COVE CIRCLE 3556 | 15029 LAUREL COVE CIRCLE ODESSA FL 33556 US | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | |
| | | | | | | 03/13/1995 | | |
| 2. Principal Pi | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | Applied For |
| 21 | | 26 | | | | 59-3313265 | | Not Applicable |
| Suite, Apt. i | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired Security 48.75 Additional | | 5 Additional |
| 22 | | 27 | | | | 5. Certificate of Status Desired | Fee | Required |
| City & State | | City & State | | | | 6. Election Campaign Financing | | 00 May Be |
| 23 | | 28 | | | | Trust Fund Contribution | Add | led to Fees |
| Zip | Country | Zip | ⊢ ¬ | ıntry | | 8. This corporation owes or has paid the | | |
| 24 | 25 | 29 | 30] | | | Personal Property Tax due June 30. 10. Name and Address of New Registe | Yes | ⊠ No |
| | 9. Name and Address of Current | Hegistered Agent | | 81 | Name | TU. Hame and Address of New Hegiste | IDD WARIN | |
| Kapur, Shashi | | | | " | IAGRIIG | | | |
| 15029 LAUREL COVE CIRCLE | | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| ODI | ESSA FL 33556 | | | 83 | | | | |
| | | | | | | | | |
| | | | | 84 | City | | FL 85 2 | Zip Code |
| 44 Duray and 6 | a the provisions of Continue 607.0602 | and 607 1509 Florida Statu | toe the al | hove- | named coroc | ration submits this statement for the ouron | se of changir | ng its registered |
| office or re | egistered agent, or both, in the State of | if Florida. Such change was | authorize | d by | the corporation | oration submits this statement for the purpo on's board of directors. I hereby accept the | appointment | as registered |
| agent. Lár | n familiar with, and accept the obligat | SHASH | orida Stat KA | tutes. Oc\ | R O | RESIDENT FEL | R 23 | 98 |
| SIGNATURE | Signature typed or printed name of registered agent | | , - , , | | it signature requirer | | ATE TO | <u> </u> |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECT | FORS IN 12 |
| TITLE | CEOP | DELETE | 1.1 T/TL | | | | ☐ Chan | nge 🔲 Addition |
| NAME | KAPUR, SHASHI | | 1.2 N/ | 1.2 NAME | | | | ļ· |
| STREET ADDRESS | 15029 LAUREL COVE CIRCLE | | 1.3 ST | | ADDRESS | | | Į, |
| CITY-ST-ZIP | ODESSA FL | | 1.4 CITY - ST - ZIP | | - 21P | | | |
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| NAME | 2.2 | | 2.2 N/ | AME | | | | |
| STREET ADDRESS | | | 2.3 STREET | | ADDRESS | | | |
| CITY-ST-ZIP | | | 2.40 | 2. 4 CITY - ST - ZIP | | | | 4 1 (9) |
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| CITY-ST-ZIP | | T norte | | HTY-ST | T-ZIP | | | nge Addition |
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| NAME | | | 4.2 N | | | | | Ì |
| STREET ADDRESS | | | | 4.3 STREET ADDRE | | | | |
| CITY-ST-ZIP | | DELETE | 4.4 CI 5.1 TI | (TY-ST- | - ZIP | | ☐ Chan | nge Addition |
| TITLE | | المالات المالات | 5.1 II | | | | | |
| NAME | | | | | ADDRESS | | | |
| STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | • | ☐ DELETE | 6.1 TI | ITY-ST- ITI F | - 617 | | Chan | nge Addition |
| TITLE | | | 6.2 N | | j | | | |
| NAME AXOCCT ADDDCCC | | | | | ADDRESS | | | |
| STREET ADDRESS | | | | ITY-ST | | | | |
| CITY-ST-ZIP | ertify that the information supplied wit | h this filing does not qualify | | | | Section 119.07(3)(I), Florida Statutes, I furth | er certify that | the information |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(). Florida Statutes. I further certify that the informatic 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.

I SHASHI KAPUR, PRESIDENT