| ILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT | | | | OF STATE | 7 | | | | | |
|--|--|--|---|---|--|--|---|-------------------------------|------------------------------------|--|
| CORPORATION ANNUAL REPORT | • | | Sandra B. Mortham | | | | | | | |
| 1996 | | | Secretary of State DIVISION OF CORPORATIONS | | | | | | | |
| DOCUMENT # P | 95000031 | 1897 | | | 1 | | | | | |
| 1. Corporation Name | | . 3 . | | | | | | | | |
| GLOBAL BUSTNESS COMMUNICATIONS, FNC Principal Place of Business Mailing Address | | | | | 700001837357 -05/23/9601080010 | | | | | |
| 10350W BAYH | HARBOR DR. 2P | Mailing Address | | | | ***200.00 | 01000 | | •• | |
| BAY HARBOR ,FL 33154 | | | | | <u> </u> | | | | | |
| | • | | | | | rporated or Qualified 15 - 95 | 3a. Dat | e of La | st Repo | ort |
| 2. Principal Place of B 21 10350W BA | | 2a. Mailing Address 26 10350 BAY HARBOR DR. | | | 4. FEI Numb | \$80775 | | _ | | plied For t Applicable |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | | | | | | \$ | | dditional |
| 22 ZP | | 27 2P | | | 5. Certificate of Status Desired | | | | Fee Required | |
| City & State 23 BAY HAR | BOR FL | 28 BAY HARBOR FL | | | il in the state of | | | \$5,00 May Be | | |
| | ' | | | | | Added to Fees lity for intangible tax under s. 199.032, | | | | |
| zip 24 33154 | 25 USA | 29 33154 | Country 30 | y SA- | 1 | | | | der s. 19 | 9.032, |
| | | rent Registered Ager | | ~ i+~ | Florida St | atutes V | ew Reg | No letera | | |
| | *************************************** | registered What | <u> </u> | 81 Name | | and Address of N | iew Keg | :S(BFE | a Age | 711L |
| KENNETH | ANGEL | | | - | • | | | | | |
| 10350W BAY HARBOR DR. 2P | | | | | et Address (| P.O. Box Number is No | Acceptab | le) | | |
| | 2BUR FL 3 | | | 83 | | | | | | |
| <i>J. y 11111</i> | SOR PL 3 |) J J T | | | | | | ········ | | |
| | | | | 84 City | | | FL | 85 Zip Code | | ie |
| 11 Pursuant to the pro- | visions of Sections 607.0 | 502 and 607.1508. Florida S | Statutes, the abo | Ll | corporation sul | mits this statement for | | Se 01 / | channin | a lte renietere |
| agent. I am familiar | agent, or poth, in the Sta with, and accept the oblig | 502 and 607.1508, Florida S te of Florida. Such change pations of, Section 607.050 | was authorized 5, Florida Statut | by the cor les. | poration's board | ot directors, I hereby | accept the | appoi | ntment | as registered |
| Sij | gnature, typed or printed | name of registered agent a | nd title if applica | bie (NOTE | Registered Age | ent signature required v | vhen reins | tating) | | DATE |
| 12. | | RS AND DIRECTORS | | 13. | ADDITIONS/ | CHANGES TO OFF | ICERS A | ND D | IRECT | ORS IN 12 |
| TITLE | PRESTOENT | L | TE | 1.1 TITLE | | | Cha | nge | | Addition |
| NAME | KENNETH A | NGEL HAFBOR OR. 1 | 20 | 1.2 NAME | | | | | | |
| STREET ADDRESS | | | | | ETADDRESS | | | | | |
| CITY-ST-ZIP | BAY HAKBO | P. FL 3315 | | 1.4 CITY- | ST-ZIP | | r | | <u></u> | |
| TITLE | | DELE | IE | 2.1 TITLE | | | Cha | nge | Ш | Addition |
| NAME STREET ADDRESS | 1 | | | 2.2 NAME | | | | | | |
| STREET AUDRESS CITY-ST-ZIP | 1 | | | 2.3 STRE | ET ADDRESS | | | | | |
| TITLE | | DELE | TE | 3.1 TITLE | ∪1 "£1F" | | Cha | nge | | Addition |
| NAME | | L 5565 | - - | 3.2 NAME | | | L | 90 | لبا | CAMINAL |
| STREET ADDRESS | | | | | ET ADDRESS | • | | | | |
| CITY-ST-ZIP | | | | 3.4 CITY- | | | | | | |
| TITLE | | DELE | TE | 4.1 TITLE | | · ···································· | Cha | nge | | Addition |
| NAME = | | | | 4.2 NAME | | | d | - | Lurana | |
| STREET ADDRESS | | | | 4.3 STRE | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 4.4 CITY- | ST-ZIP | | | | | |
| TITLE | | DELE | TE | 5.1 TITLE | | | Cha | เกฎะ | | Addition |
| NAME | | | | 5.2 NAME | | | | | | - |
| STREET ADDRESS | | | | 5.3 STRE | ETADDRESS | | | | | |
| CITY-ST-ZIP | | | | 5,4 CITY- | ST-ZIP | | , | | | |
| TITLE | | DELE | TE | 6,1 TITLE | | | L Cha | ıngə | Ļ | Addition |
| NAME | | | | 6.2 NAME | | | | | | /\ <u>`</u> _ |
| STREET ADDRESS | | | | | ET ADDRESS | , | | | り | 17 |
| CITY-ST-ZIP | *h * * * h * i = * | find with this file - 1 to | و ما دا مصالح المارية و المارية | 6.4 CITY- | | | Dane! | 0.021 | - انت (۱۱) | <u> </u> |
| 14. I do hereby certify the if made under bath, Statutes; and that it SIGNATURE: | ; that I am an officer of di my name appears in Block | lied with this filing is volund on this annual report or sector of the corporation or 12 or Block 13 if of wred. | upplemental and the receiver or of on an attach | and does in nual report trustee em ment with a | iot quality for the is true and accumon to exemple to e | ne exemption stated in the state and that my signate cute this report as required the state of t | Section 11 Ire shall h Ired by Ch | 9.07(3) ave the apter (| (k),Flori e same l 807, Flor | da Sfatutes. egal effect as rida |
| with I VIII. | | YPED OR PRINTED NAME | OF SIGNING O | FFICER | Z 7X R DIRECTOR | 7/17/7/0 Date | Daytime | Phone | • # | |
| | — · | | | | | | | | | |

KEROWETA AUGER PRESIDENT