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**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90026 027 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <u>PA5000034983 (3)</u> <i>N/C 7/98</i>			
1. Corporation Name <u>Global Service Enterprises, Inc.</u>			
Principal Place of Business <u>2000 BANKS ROAD #222 MARGATE FL 33063</u>		Mailing Address <u>2000 BANKS ROAD #222 MARGATE FL 33063</u>	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29. Country	
9. Name and Address of Current Registered Agent <u>SUHANDRON, KENNETH</u>		10. Name and Address of New Registered Agent 81. Name <u>Suhandron, Kenneth</u> 82. Street Address (P.O. Box Number is Not Acceptable) <u>2000 Banks Road</u> 83. Suite <u>222</u> 84. City <u>Margate</u> FL 85. Zip Code <u>33063</u>	
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 <u>Kenneth Suhandron Pres.</u> <u>3/11/99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE <u>P</u> NAME <u>SUHANDRON, KENNETH</u> STREET ADDRESS CITY-ST-ZIP [ ] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <u>P</u> 1.2 NAME <u>Suhandron Kenneth</u> 1.3 STREET ADDRESS <u>2000 Banks Road #222</u> 1.4 CITY-ST-ZIP <u>Margate, Florida 33063</u> [ ] Change [ ] Addition	
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SIGNATURE:

Kenneth Suhandron 3/11/99 954 956 0066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #