## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000045542 (4)

GLOBAL ATLANTIC SERVICES, INC.

	- AIDAMIO OLIMOLO, MA	•			
Principal Place of Business		Mailing Address		-{	A BRISH ELECT BLEEF OFFICE DLOID LINE 1884
1015 E. SEMORAN BLVD STE. 241 SUMMITT PLAZA II CASSELBERRY FL 32707		1015 E. SEMORAN BLVD., STE. 241 SUMMITT PLAZA H CASSELBERRY FL 32707-5757			
				<ol> <li>Date Incorporated or Qualified 06/07/1995</li> </ol>	3a. Date of Last Report 07/09/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 2137 S.E. FT King St.		26 2137 S.E. FT King St.		59-3323739	Not Applicable
Suite, Apt #. etc		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Ocala, FL		City & State Ocala, FL		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 34471	Country 25 Marion		Country 30 Marion		Yes IV No
\	9. Name and Address of Curren	t Registered Agent	64	10. Name and Address of New Reg	istered Agent
	JLK, II, GEORGE T		81 Name		
1400 PALM BAY ROAD NE				ess (P.O. Box Number is Not Acceptable	e)
PALM BAY FL 32905			1901-6	6 Highway AlA	
				n Harbour Beach,	FL 85 Zip Code 32937
11. Pursuant office or r	to the provisions of Sections 607.050; egistered agent, or both, in-the State.	2 and 607,1508, Florida Statute of Florida, Such change was a	es, the above-named corporation	oration submits this statement for the pri ion's board of directors. I hereby accep	urpose of changing its registered I the appointment as registered
agent. La	in familia, with, and accept he obliga	tions of, Section 607.0505, Flo	rida Statutes.	oration submits this statement for the pli ion's board of directors. I hereby accep	
SIGNATURE	1/2. the	- KKINGER	Kint		9/7/17
12.	Stigratus type dior pacheo can e of registered ager OFFICERS AND		Depistered Agent signature require	ADDITIONS/CHANGES TO OFFIC	FRS AND DIRECTORS IN 12
Title	PD	DELETE	1.1 TITLE	7,001,10,70,701,711,010,170	Change Addition
NAME.	PAULK, GEORGE T II			TEN, J. LAMAR	
STHEET ADDRESS	1400 PALM BAY ROAD, NE			08 S.E. 7th St.	•
CiT / - ST - 7IP	PALM BAY FL 32905			ala, FL 34471	
Tru	SD	DELETE	2.1 TITLE D		Change Addition
NAME	STEIN, GARY E		2 2 NAME TUT	TEN, Richard	i
STREET ADDRESS	124 N. ARDMORE			28 S.E. 7th St.	1
CHY ST-ZIP	BEXLEY OH 43209			ala, FL 34471	
lile		DELETE	31 TITLE D		Change Addition
NAME	•		3.2 NAME SEN	NKOVICH, Joseph, Sr.	,
STREET ADDRESS			3.3 STREET ADDRESS 293	37 N.E. 7th Place	
CHY-SI-20				ala, FL 34470	
TATLE		DELETE	4.1 TITLE		Change Addition
NAME	•		4. 2 NAME		
STREE ACURESS			4.3 STREET ADDRESS.		
C 17-S1-ZiP		·····	4.4 CITY - ST - ZIP		
THE		☐ DELETE	5.1 TITLE	·	Change Addition
NAMÉ			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CHTY S1-ZIP			5.4 CITY-ST-ZIP		
Trick		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		

6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. If 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 undicated 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 18 if changed, or on an exactment with an address.