

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000045650 (5)

1. Corporation Name

GLOBAL NET DIRECT, INC.



Principal Place of Business

Mailing Address

4400 N.W. 19TH AVE., SUITE B  
POMPANO BEACH FL 33064

4400 N.W. 19TH AVE., SUITE B  
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified

06/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

NANCY E. BAKER

82 Street Address (P.O. Box Number is Not Acceptable)

4400 NW 19 AVENUE

83

SUITE B

84 City

POMPANO BEACH

FL

85 Zip Code

33064

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

*Nancy E. Baker*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PSTD  
BAKER, RICHARD N  
4400 N.W. 19TH AVE., SUITE B  
POMPANO BEACH FL 33064

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP  
Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96

Date

954 973 1977

Daytime Phone #

CR2E034 (12/95)