


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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 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 4400 N.W. 19TH AVE., SUITE B POMPANO BEACH FL 33064		Mailing Address 4400 N.W. 19TH AVE., SUITE B POMPANO BEACH FL 33064-8703	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 3314 Lawson Blvd		26		06/13/1995		02/16/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0589698		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Delray Beach FL		29		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
33445		Palm Beach		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAKER, NANCY E. 4400 N.W. 19TH AVENUE SUITE B POMPANO BEACH FL 33064				81 Name KENNETH M. VAN ARNEM 82 Street Address (P.O. Box Number is Not Acceptable) 3314 LAWSON BLVD. 83 84 City Delray Beach FL 85 Zip Code 33445			
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 <i>Kenneth Van Arnhem</i>				DATE 4/29/97			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSID <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, RICHARD N	1.2 NAME	KENNETH VAN ARNEM
STREET ADDRESS	4400 N.W. 19TH AVE., SUITE B	1.3 STREET ADDRESS	3314 LAWSON BLVD.
CITY- ST- ZIP	POMPANO BEACH FL 33064	1.4 CITY- ST- ZIP	DELRAY BEACH FL. 33445
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	GARY KRETZ
STREET ADDRESS		2.3 STREET ADDRESS	3314 LAWSON BLVD.
CITY- ST- ZIP		2.4 CITY- ST- ZIP	DELRAY BEACH FL. 33445
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VICTORIA SPUNGIN
STREET ADDRESS		3.3 STREET ADDRESS	3314 LAWSON BLVD.
CITY- ST- ZIP		3.4 CITY- ST- ZIP	DELRAY BEACH FL. 33445
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I 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 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: *Kenneth Van Arnhem* **4/29/97** **954-419-1398**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **KENNETH VAN ARNEM PRES**
 Date Daytime Phone #

CR2E034 (9/96)