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PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000052866 (7)

DOCUMENT #	P9500005286
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GLOBALCOM SYSTEMS, INC. Principal Place of Business Mailing Address 1815 10TH AVENUE 1815 10TH AVENUE LAKE WORTH FL 33461 LAKE WORTH FL 33461 3. Date Incorporated or Qualified 3a. Date of Last Report 07/10/1995 2. Principal Place of Busines 4. FEI Number 2a. Mailing Address Applied For 2290 2290 65+0606436 Not Applicable Suite. Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired 22 #401 Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes

▼ Yes

No 30 Palm Boach Palm Bouch 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 82 Street 1201 HAYS STREET 83 TALLAHASSEE FL 32301-2525 84 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpora (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 1. 1 TITLE resident HALLMAN, WILLIAM NAME 1.2 NAME STREET ADDRESS 1815 10TH AVENUE 1.3 STREET ADDRESS LAKE WORTH FL 33461 CITY-ST-7IP 1.4 CITY-ST-ZIP TITLE □ DELETE 2. 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 3. 1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP DELETE THLE 4. 1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TOTLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY- ST- ZIP Change TITLE □ DELETE Addition 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 chapged, or on an attactionent with an address.

SIGNATURE:

CITY-ST-7IP

Aldo Butera 4/14/96 407-586-1880