

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

FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # P95000056864 (8)

1. Corporation Name
GLOBAL EXECUTIVE CHARTER, INC.

Principal Place of Business

15707 FAIRCHILD DR.
HANGER 4
CLEARWATER FL 34622

Mailing Address

P.O. BOX 6174
CLEARWATER FL 34618
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 730 South Sterling Ave		27 730 South Sterling Ave #109		07/21/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 109		27 109		59-3328305	
City & State		City & State		5. Certificate of Status Desired	
23 Tampa Florida		28 Tampa FLORIDA		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24 33609		29 33609		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
25 USA		30 USA		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FOREMAN, EDWARD D 100 SECOND AVENUE NORTH SUITE 300 ST. PETERSBURG FL 33701				81 Name PAYER + Twombly, PA			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 1999 SW 27 Ave, 2nd Floor			
				84 City Miami FL			
				85 Zip Code 33145			

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: JAMES D. PAYER, PAYER and Twombly, PA DATE: 4-25-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MATWAY, ALEX			1.2 NAME	Theodore Marrs		
STREET ADDRESS	3841 102ND PLACE NORTH			1.3 STREET ADDRESS	65 Martinique Avenue		
CITY-ST-ZIP	CLEARWATER FL 34622			1.4 CITY-ST-ZIP	Tampa, FL 33606		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAUSER, MICHAEL L			2.2 NAME	Julia Marrs		
STREET ADDRESS	PO BOX 958			2.3 STREET ADDRESS	65 Martinique Ave		
CITY-ST-ZIP	TARPON SPRINGS FL 34688			2.4 CITY-ST-ZIP	Tampa, FL 33606		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input 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 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: Theodore S. Marrs DATE: 4-25-98 813-531-4567

CR2E034 (10/97)