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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Feb 28 1997 8:00am

Secretary of State

Daytime Phone # 0006580

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000057242 (6)

GLOBAL SOLUTIONS NETWORK, INC.

Principal Piace 21301 POWERLI SUITE 312 BOCA RATON F	INE RD.	Mailing Address 21301 POWERLINE RD. SUITE 312 BOCA RATON FL 33433-2	21301 POWERLINE RD.						
DOON NATOR I	2 00100	5007 (57)017 12 50100 2				3. Date Incorporated or Qualified 07/24/1995		3a. Date of Last Report 12/20/1996	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	1 16/60		plied For
21		26				65-0595068			t Applicable
Suite Apt.	# etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22		27				5. Certificate of Status Desired		Fee Re	
City & State	0	City & State				6. Election Campaign Financing	ш	\$5.00	
Z ip	Country	28 Zip	Cour	nlov		Trust Fund Contribution		Added t	
24	25	29	30	iu y		8. This corporation has liability for it Florida Statutes	ntangible t		199,032,
<u></u>	9. Name and Address of Curre		1301			10. Name and Address of New Reg			
PALE	Y, GREGG			81	Name				
	WICKENS & LEBOW		}	82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
	N. FEDERAL HIGHWAY, SUITE	105E				53 (1.0. DOX HOHIDO) TO HOL PLOODIES			
BOC	A RATON FL 33433			63					
			}	B4	City			85 Zip (Code
						oration submits this statement for the p	<u>FL</u>		
SIGNATURE		ID DIRECTORS	TE: Registered	Age	nt signature require	d when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTOR	IS IN 12
Til, E	P	DELETE	1.1 TIT	LE				Change	Additio
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STREET ADDRESS	1080 S.W. 20TH AVENUE		1.3 STI	REET	ADDRESS				
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NAME			3.2 NA	ME					
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NAM:			6.2 NA	ME					
STREET ADDRESS			63 ST	REET	ADDRESS				
CHY-ST ZIP			S 4 CI				 · · ·		
informatio Lam an d	by certify that the information supplied indicated on this annual report or efficer or director of the corporation of the Block 12 or Block 13 if changed	sopplemental annual report is If the receiver or trustee empo	Vue and a wered to e	exe	mption stated trate and that tute this report	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega as required by Chapter 607, Florida S	s. I further I effect as itatutes; an	certify that if made un- id that my r	the der oath; t name

OFFICER OR DIRECTOR