Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90056 047 \*\*\*150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000063686

1. Corporation Name

| GLOBAL   | MARKETING RESOURCES  | S, INC.                                  |  |  |   |  |  |                                  |                            |                                     |
|--|--|--|--|--|---|--|--|----------------------------------|----------------------------|-------------------------------------|
|  |  | ha-lling A                               | - ddrana                               |  |   | <del></del>  |  | i <b>30</b> 115 <b>eu</b> liu di |                            | ABIND BYN YBDI                      |
| Principal Place of Business Mailing Address  AAAA PRINCIPAL PR   |  |  |  |  |   |  |  |                                  |                            |                                     |
| 1415 PINEHURST RD 1415 PINEHURST RD STE L & M STE L & M  |  |  |  |  |   |  |  |                                  |                            |                                     |
| DUNEDIN FL 34698 DUNEDIN FL 34698  |  |  |  |  |   |  | DO NOT WRIT  | E IN THIS S                      | PACE                       |                                     |
| US   |  | US                                       |  |  |   |  | 3. Date Incorporated or Qualifed   |                                  |                            |                                     |
|  |  |  |  |  |   |  | 08/17/1995   |                                  |                            |                                     |
| 2. Principal Pl  | lace of Business   | 2a. Mailir                               | ng Address                             |  |   |  | 4. FEI Number  |                                  | Api                        | plied For                           |
| 21   |  | 26                                       | -                                      |  |   |  | 65-0601965   |                                  | No                         | t Applicable                        |
| Suite, Apt.  | #. etc.  |  | , Apt. #, etc.                         |  |   |  |  |                                  | \$8.75 A                   | dditional                           |
| 22   |  | 27                                       | ·                                      |  |   |  | 5. Certifcate of Status Desired  |                                  | Fee Re                     | quired                              |
| City & State   | e .  |  | & State                                |  |   |  | 6. Election Campaign Financing   |                                  | \$5.00                     | May Be                              |
| 23   | · .  | 28                                       |  |  |   |  | Trust Fund Contribution  |                                  | Added t                    |                                     |
| Zip  | Country  | Zip                                      |  | Cour   | ntry  |  | 8. This corporation owes the curre   | nt year Inta                     | ngible                     |                                     |
| 24   | 25   | 29                                       | ſ                                      | 30   |   |  | Personal Property Tax.   |                                  | Yes                        | □No                                 |
|  | 9. Name and Address of Curre   |  |  |  |   | -  | 10. Name and Address of New R  | gistered A                       | gent                       |                                     |
|  |  | <u> </u>                                 | <del></del>                            | ľ  | 81  | Name   |  | _                                |                            |                                     |
| PEAF   | rson, gregory A.   |  |  |  | -   | O  | and (D.O. Bay Number is Not Assents  | ala)                             |                            |                                     |
| 1415   | S PINEHURST RD   |  |  |  | 82  | Street Addre   | ess (P.O. Box Number is Not Acceptal   | л <i>в)</i>                      |                            |                                     |
| STE  | L&M  |  |  | Ì  | 83  |  |  | _                                |                            |                                     |
| DUN  | EDIN FL 34698  |  |  | L  |   |  |  |                                  |                            |                                     |
|  |  |  |  |  | 84  | City   |  | FL                               | 85 Zip 0                   | Code                                |
| 44 Diversions  | to the equiples of Sections 607.06   | 502 and 607 150                          | 18 Florida Statute                     | e the sh   | nove.   | -named com   | oration submits this statement for the   |                                  | hanging its                | registered                          |
| office or re<br>agent. I as  | egistered agent, or both, in the State<br>m familiar with, and accept the oblig  | e of Florida. Sug<br>gations of, Section | ch change was au<br>on 607.0505, Flori | ithorized<br>ida Statu   | by to   | he corporation   | oration submits this statement for the pon's board of directors. I hereby accept | the appoint                      | tment as re                | gistered                            |
|  |  |  |  |  |   |  |  |                                  |                            | ļ                                   |
| SIGNATURE  | Olarahan haradan ariahan ariah | and title if applica                     | He /NOTE:                              | Registered   | Aneni   | skonativa redulifer  | d when reinstating)  | DATE                             | -                          |                                     |
|  | Signature, typed or printed name of registered as  |  |  |  | Agent   | signature required   | d when reinstating)  ADDITIONS/CHANGES TO OFF                                    |                                  | DIRECTO                    | RS IN 12                            |
| 12.  | OFFICERS A   | gent and title if applica                |  | Registered /   |   | signature required   | d when reinstating) ADDITIONS/CHANGES TO OFF                                     |                                  | DIRECTO                    | RS IN 12                            |
| 12.<br>TITLE   | OFFICERS A   |  | RS                                     | 13.  | LE  | signature required   | d when reinstating) ADDITIONS/CHANGES TO OFF                                     |                                  | _                          |                                     |
| 12.<br>TITLE<br>NAME   | P PEARSON, GREGORY   | AND DIRECTOR                             | RS                                     | 13.<br>1.1 TITI<br>1.2 NA  | LE<br>ME  |  | d when reinstating)  ADDITIONS/CHANGES TO OFF                                    |                                  | _                          |                                     |
| 12. TITLE NAME STREET ADDRESS  | P PEARSON, GREGORY 1415 PINEHURST RD STE L   | AND DIRECTOR                             | RS                                     | 13.<br>1.1 TITI<br>1.2 NAI<br>1.3 STE  | LE<br>ME<br>RÉET  | ADDRESS  | d when reinstating) ADDITIONS/CHANGES TO OFF                                     |                                  | _                          |                                     |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P PEARSON, GREGORY   | AND DIRECTOR                             | S DELETE                               | 13.<br>1.1 TITI<br>1.2 NAI<br>1.3 STE<br>1.4 CIT   | LE<br>ME<br>RÉET /<br>Y-ST-   | ADDRESS  | d when reinstating) ADDITIONS/CHANGES TO OFF                                     |                                  | Change                     | ☐ Addition                          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | P PEARSON, GREGORY 1415 PINEHURST RD STE L   | AND DIRECTOR                             | RS                                     | 13.<br>1.1 TITI<br>1.2 NAI<br>1.3 STR<br>1.4 CIT<br>2.1 TIT  | LE<br>ME<br>REET /<br>Y-ST-<br>LE   | ADDRESS  | d when reinstating) ADDITIONS/CHANGES TO OFF                                     |                                  | _                          |                                     |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P PEARSON, GREGORY 1415 PINEHURST RD STE L   | AND DIRECTOR                             | S DELETE                               | 13.<br>1.1 TITI<br>1.2 NAJ<br>1.3 STF<br>1.4 CIT<br>2.1 TIT<br>2.2 NAJ   | LE<br>ME<br>RÉET /<br>Y-ST-<br>LE<br>ME   | ADDRESS<br>-ZIP  | d when reinstating) ADDITIONS/CHANGES TO OFF                                     |                                  | Change                     | ☐ Addition                          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | P PEARSON, GREGORY 1415 PINEHURST RD STE L 8 DUNEDIN FL 34698  | AND DIRECTOR                             | S DELETE                               | 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF   | LE ME REET/ Y-ST- LE ME REET/   | ADDRESS -ZIP   | d when reinstating) ADDITIONS/CHANGES TO OFF                                     |                                  | Change                     | ☐ Addition                          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | P PEARSON, GREGORY 1415 PINEHURST RD STE L   | AND DIRECTOR                             | DELETE                                 | 13. 1.1 TIII 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT   | LE ME REET/ Y-ST- LE ME REET/ TY-ST   | ADDRESS<br>-ZIP  | d when reinstating)  ADDITIONS/CHANGES TO OFF                                    |                                  | ☐ Change                   | ☐ Addition                          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | P PEARSON, GREGORY 1415 PINEHURST RD STE L 8 DUNEDIN FL 34698  | AND DIRECTOR                             | S DELETE                               | 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF   | LE ME REET/ Y-ST- LE ME REET/ TY-ST   | ADDRESS -ZIP   | d when reinstating)  ADDITIONS/CHANGES TO OFF                                    |                                  | Change                     | ☐ Addition                          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P PEARSON, GREGORY 1415 PINEHURST RD STE L 8 DUNEDIN FL 34698  | AND DIRECTOR                             | DELETE                                 | 13. 1.1 TIII 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT   | LE ME REET/ LE ME REET/ TY-ST   | ADDRESS -ZIP   | d when reinstating)  ADDITIONS/CHANGES TO OFF                                    |                                  | ☐ Change                   | ☐ Addition                          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | P PEARSON, GREGORY 1415 PINEHURST RD STE L 8 DUNEDIN FL 34698  | AND DIRECTOR                             | DELETE                                 | 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STI 2.4 CIT 3.1 TITI 3.2 NAI  | LE  REET/ Y-ST- LE  ME REET/ TY-ST  | ADDRESS -ZIP   | d when reinstating)  ADDITIONS/CHANGES TO OFF                                    |                                  | ☐ Change                   | ☐ Addition                          |
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| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS   | P PEARSON, GREGORY 1415 PINEHURST RD STE L 8 DUNEDIN FL 34698  | AND DIRECTOR                             | DELETE                                 | 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STT 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STT  | LE ME REET/ Y-ST- LE ME REET/ TTY-ST  | ADDRESS -ZIP  ADDRESS 1-ZIP  | d when reinstating)  ADDITIONS/CHANGES TO OFF                                    |                                  | ☐ Change                   | ☐ Addition                          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP   | P PEARSON, GREGORY 1415 PINEHURST RD STE L 8 DUNEDIN FL 34698  | AND DIRECTOR                             | DELETE  DELETE  DELETE                 | 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STT 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STT 3.4 CIT  | LE  ME  REET / Y-ST- LE  ME  REET / TY-ST  LE  TY-ST  | ADDRESS -ZIP  ADDRESS 1-ZIP  | d when reinstating)  ADDITIONS/CHANGES TO OFF                                    |                                  | ☐ Change                   | Addition                            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | P PEARSON, GREGORY 1415 PINEHURST RD STE L 8 DUNEDIN FL 34698  | AND DIRECTOR                             | DELETE  DELETE  DELETE                 | 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STF 3.4 CIT 4.2 NAI 4 | LE ME REET/ ME REET/ ME REET/ TY-ST LE REET/ LE AME   | ADDRESS -ZIP  ADDRESS 1-ZIP  | d when reinstating)  ADDITIONS/CHANGES TO OFF                                    |                                  | ☐ Change                   | Addition                            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | P PEARSON, GREGORY 1415 PINEHURST RD STE L 8 DUNEDIN FL 34698  | AND DIRECTOR                             | DELETE  DELETE  DELETE                 | 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STF 3.4 CIT 4.2 NAI 4 | ME REET / Y-ST- LE ME REET / TY-ST LE REET / LE REET / | ADDRESS -ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS | d when reinstating)  ADDITIONS/CHANGES TO OFF                                    |                                  | ☐ Change                   | Addition Addition Addition          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | P PEARSON, GREGORY 1415 PINEHURST RD STE L 8 DUNEDIN FL 34698  | AND DIRECTOR                             | DELETE  DELETE  DELETE                 | 13. 1.1 TITI 1.2 NAJ 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAJ 2.3 STF 2.4 CIT 3.1 TITT 3.2 NAJ 3.3 STF 3.4 CIT 4.1 TITT 4.2 NAJ 4.3 STF   | ME REET / Y-ST- LE ME REET / Y-ST LE ME REET / LE ME REET / REET / Y-ST   | ADDRESS -ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS | d when reinstating)  ADDITIONS/CHANGES TO OFF                                    |                                  | ☐ Change                   | Addition                            |
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| 12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP              | P PEARSON, GREGORY 1415 PINEHURST RD STE L 8 DUNEDIN FL 34698  | AND DIRECTOR                             | DELETE  DELETE  DELETE                 | 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STF 4.1 TIT 4.2 NAI 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAI 5.3 STF 5.3 STF   | LE  ME  REET / Y-ST- LE  ME  REET / TY-ST  LE  REET / Y-ST- LE  REET / TY-ST- LE  REET / TY-ST- LE  REET / TY-ST- LE  REET / TY-ST- TY-ST- TY-ST- TY-ST- TY-ST- TY-ST- TY-ST- TY-ST- TY-ST-                             | ADDRESS -ZIP  ADDRESS 1-ZIP - ADDRESS 1-ZIP  ADDRESS -ZIP  ADDRESS | d when reinstating)  ADDITIONS/CHANGES TO OFF                                    |                                  | ☐ Change ☐ Change ☐ Change | Addition Addition Addition          |
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CITY-ST-ZIP 14. 1 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 of 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 address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR