

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90029 010 ***150.00

DOCUMENT # P95000070308

1. Corporation Name
GLOBAL MERCHANT CORP.



Principal Place of Business
1690 LAKESHORE CIRCLE
FORT LAUDERDALE FL 33326
US

Mailing Address
1690 LAKESHORE CIRCLE
FORT LAUDERDALE FL 33326
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1995

4. FEI Number

65-0626274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 530 COCONUT CIRCLE

26 530 COCONUT CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 WESTON FL

28 WESTON FL

Zip

Country

Zip

Country

24 33326 25 BROWARD

29 33326 30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEDER, P.A. NATHAN
5200 BLUE LAGOON DRIVE
SUITE 600
MIAMI FL 33126

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME HOWARD, MARC
STREET ADDRESS 1690 LAKESHORE CIRCLE
CITY-ST-ZIP FORT LAUDERDALE FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME MARC HOWARD
1.3 STREET ADDRESS 530 COCONUT CIRCLE
1.4 CITY-ST-ZIP WESTON FL 33326

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/24/99 954-349-2850
Date Daytime Phone #

CR2E034 (11/98)