FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000089736 (9)

1. Corporation Name

GLOBAL FINANCIAL RESOURCES OF FLORIDA, INC.											
Principal Place of Business Mailing Address								<u> </u>	1668.00		
1250 EAU GALLIE BLVD. STE H MELBOURNE FL 32935 1250 EAU GALLIE BLVD. STE H MELBOURNE FL 32935											
									3. Date Incorporated or Qualified 11/14/1995 3a. Date of Last Report		
Principal Place of Business 21				2a, Mailing Address 26					4. FEI Number 59-3356604	Applied For Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #. etc.					5. Certificate of Status Desired [7] \$8.7	75 Additional e Required	
City & State				City & State					1	00 May Be	
Zip 24	Country 25			Zlρ	Cour 30		,		This corporation has liability for intangible tax under Florida Statutes	s 199.032,	
g. Name and Address of Current									10. Name and Address of New Registered Agent		
							Name	,			
JONES, RICHARD O 1250 EAU GALLIE BLVD. STE H						82	Street	Addres	Address (P.O. Box Number is Not Acceptable)		
MELBOURNE FL 32935					ľ	83			THE RESERVE THE PROPERTY OF TH		
						84	City		85	Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above- or registered agent, or both, in the State of Florida. Such change was authorized by the corp								corporat	tion submits this statement for the purpose of changing it:	s registered office	
or register familiar wit	ed agent, or boi th, and accept t	th, in the State of Fic he obligations of, Sc	onda. Suc ection 607	h change was autho rize .0505, Florida Statut <mark>es.</mark>	od by the o	orp	oration's	s board	d of directors. Thereby accept the appointment as register	ed agent. I am	
SIGNATURE				·····	.	·					
Signature, typod or printed name of registrical agent and tile it applicable. 12. OFFICERS AND DIRECTORS					IE: Registereo Agent signature require 13.		required v	when reinsteining) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECT	IORS IN 12		
TITLE	STD			DELETE	1. 1 11	LE			Chang	*** ******** * · · · · · · · · · · · ·	
NAME				E H		AME					
\$1REE1 ADDRESS						REET	ET ADDRESS				
CITY-ST-ZIP		JRNE FL 32935					1.4 CITY - ST - ZIP				
THLE	PD			□ DELETE	2, 1 34	l E			Chang-	e [] Addition	
NAME	MALKIN,				2.2 NA	٧E		İ			
STREET ADDRESS		U GALLIE BLVD.	STE H	H		2.3 STREET ADDRESS					
City-St-ZiP	WELBOL	JRNE FL 32935		P DELETE	2.4 CIT		1►ZIP				
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NAME					4.2 NA				500001835355 -05/22/9601094038	, LI ROUTION	
STREET ADDRESS							ADDRESS		***200.00	•	
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NAME				" —	5.2 NA					Frank	
STREET ADDRESS							ADDRESS				
ÇITY - ST - ZIP					5.4 CIT				. 4Ψ		
TITLE				☐ DELET€	6.171			1	5 - Pr □ Change	e 🔲 Addition	
NAME					6.2 NA	ME		1	n pr		
STREET ADDRESS					6.3 S1F	REF 1	ADDRESS	1	1		

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 changed. or on an attachment with an address.

64 CITY-ST-ZIP

SIGNATURE: A. JOSEPH MALKIN H. PONALD MALKIN

4/29/96 (407)723-0101

CR2E034 (12/95)