

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

FILED

**Apr 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000022749 (1)
 1. Corporation Name
GLOBAL INTELLIGENCE NETWORK INC.



Principal Place of Business 4004 WOODS EDGE CIRCLE SUITE 8 PALM BEACH GARDENS FL 33410	Mailing Address 4004 WOODS EDGE CIRCLE SUITE 8 PALM BEACH GARDENS FL 33410-8420
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2. Principal Place of Business 21 2293 SMOKEY PARK HWY Suite, Apt #, etc.	2a. Mailing Address 26 2293 SMOKEY PARK HWY Suite, Apt #, etc.
22 City & State 23 CANDLER, NC	27 City & State 28 CANDLER, NC
24 Zip 28715	30 Country BUNCOMBE

3. Date Incorporated or Qualified 03/12/1996	3a. Date of Last Report
4. FEI Number 65-0650507	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD. SUITE 211 PALM BEACH GARDENS FL 33418		10. Name and Address of New Registered Agent	
B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City
			FL B5 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, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, KIMBERLY R		1.2 NAME SMITH, KIMBERLY R	
STREET ADDRESS 4004 WOODS EDGE CIRCLE SUITE 8		1.3 STREET ADDRESS 710 2293 SMOKEY PARK HWY	
CITY-ST-ZIP PALM BEACH GARDENS FL 33410		1.4 CITY-ST-ZIP CANDLER, NC 28715	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE V. PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME CARL S. RAPHAEL	
STREET ADDRESS		2.3 STREET ADDRESS 2293 SMOKEY PARK HWY	
CITY-ST-ZIP		2.4 CITY-ST-ZIP CANDLER NC 28715	
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 do 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: Kimberly R. Smith **Kimberly R. Smith** Date: **3/4/97** Daytime Phone: **704 665 7115**

CR2E034 (9/96)