Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90127 038 \*\*\*150.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000039745

1. Corporation					
GLOBALKNOW CORPORATION					
Principal Place	e of Rucinocc	Mailing Address			88
•		<del>-</del>	Tu		
24703 U.S. HIGHWAY 19 NORTH SUITE 224		24703 U.S. HIGHWAY 19 NORTH SUITE 224			
CLEARWATER FL 34623		CLEARWATER FL 34623		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 05/03/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3377694	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		3. Certificate of Otalus Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29 30	)	Personal Property Tax.	∐Yes □No
,	9. Name and Address of Currer	<del></del>		10. Name and Address of New Registere	ed Agent
			81 Name		
KIZER, RICHARD G			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
24703 U.S. HIGHWAY 19 NORTH		No CHANGE 82 Street Addres			
SUITE 224		Maci	83		
CLEA	ARWATER FL 34623		84 City		85 Zip Code
	,		'	F	LIII
11. Pursuant to the provisions of Sections 57.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered					
11. Pursuant to the provisions of Sections 6/7.0502 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, by 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 farging with and accept the applications of, Section 607.0505, Florida Statutes.					
SIGNATURE	AW/and NI	JON KICHARDO	S, KIZER	17ESIDENI 91101	44
40	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	gistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	DPC OFFICERS AN	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	KIZER, RICHARD G	<u></u>	1.2 NAME		
STREET ADDRESS	2753 FOX FIRE CT	·	1.3 STREET ADDRESS		
	CLEARWATER FL 33761		1.4 CITY-ST-ZIP		
CITY-ST-ZIP	D	☐ DELETE		)	Change Addition
NAME	EDWARDS, MONTE	· —	2.2 NAME	EDWARDS, MONTE	
STREET ADDRESS	11870 STADFORD WOOD		2.3 STREET ADDRESS	215 MERRITTORIVE	_
CITY-ST-ZIP	ROSWELL GA 30076		2.4 CITY-ST-ZIP	EDWARDS, MONTE 215 MERRITT DRIVE ROSWEIL, GEORGIA 300	076 - 1
TITLE	DS	☐ DELETE	3.1 TITLE	- No. 1.1	☐ Change ☐ Addition
NAME	KIZER, CARMEN L		3.2 NAME		•
STREET ADDRESS	2753 FOX FIRE CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33761		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<u></u>	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

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 suppliemental 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 of 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 appear with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP