FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90056 012 ***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 # P96000064915

1. Corporation Name

GLOBAL BUSINESS BUILDERS, INC.

n															
Principal Place	of Business		Mailing Address					-	\$6((63) (10 10)19 9		111 00 211 03 110	i Distrargia d	/#1#1 III		
4504 SUMMER COVE DR E			4504 SUMMER COVE DR E												
STE 224			STE 224				DO NOT WRITE IN THIS SPACE								
SARASOTA FL 34243 US			SARASOTA FL 34243 US					3. Date Incorporated or Qualifed							
			30					08/02/1996							
2. Principal Place of Business			2a. Mailing Address					4. FEI Number					Applied For		
21			26					65-0333596				Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.										5 Adi	ditional	
22			27					g. Ceruic	ale of Status D	esileu		Fee	Requ	ired	
City & State			City & State					6. Election Campaign Financing \$5.00 May Be					- 1		
23			Zip Country					Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible							
Žip	Country	· –	Zip		untry				,		ent year in	itangible	Ϋ́	XNο	
24	9. Name and Addre		29 30 30					Personal Property Tax. 10. Name and Address of New Registered							
	9. Name and Addre	ss of Current Re	gistered Agent		81	Name		TO: Touris	und / total obs						
DEM	AY, DANIEL J ESO.				82										
4504	SUMMER COVE DR	E, STE 224				Stree	t Addre	ss (P.O. Bo:: Number is Not Acceptable)							
SAR	ASOTA FL 34243				83										
												7657 3		4-	
					84	City					FL	_ 85 Z	Zip C o	ue	
11. Pursuant	to the provisions of S act	tions 607.0502! an	d 607.1508, Florida Stati	ites, the a	above	-name	d corpo	ration submi	ts this stateme	nt for the	purpose o	f changing	its e	gistered	
office or re	egistered agent, or both,	, in the State of FI	orida. Such change was of, Section 607.0505, FI	authorize	d by	the corp	por atio	n's board of	directors. I here	by accep	ot the appo	intment as	s rečis	iterea	
-3	Trigiting Hier, and a sec	opt into obligations	, 61, 6261617 661 1666677												
SIGNATURE	Signature, typed or printed na me	of registered agen and	title if applicable. (NOT	E: Registere	d Agen	it signature	perit per e	when reinstating			DATE				
12.		FFICERS AND D		13.	_			ADDITI	ONS/CHANGE	S TO OF	FICERS A				
TITLE	P		☐ DELETE	1.1 T	ITLE							Chan	.ge	Addition	
NAME	DEMAY, CINDY L					1.2 NAME									
STREET ADDRESS 4504 SUMMER COVE DR E, STI			224	1	1.3 STREET ADDRESS		S								
CITY-ST-ZIP					14 CITY-ST-ZIP		+-					Chang		Addition	
TITLE	VST		☐ DELETE		2.1 TITLE							Chang	ge		
NAME	DEMAY, DANIEL J ESQ.		E 204		2.2 NAME										
STREET ADDRI SS 4504 SUMMER COVE DR E, STI			<i>:</i> 24	1	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP										
CITY-ST-ZIP	SARASOTA FL 342	43-49/3	☐ DELETE	2.4 C		T-ZIP						Chan		Addition	
TITLE			- DELETE	3.11 32N									ŭ		
NAME						f ADDRESS									
STREET ADDRESS CITY-ST-ZIP					CITY-S										
TITLE			☐ DELETE	4.1 T		1 241	+-					Chan	ige	Addition	
NAME			_		NAME										
STREET ADDRESS						TADORESS	s								
CITY-ST-ZIP					ITY-S										
TITLE			☐ DELETE	5 1 T			†					Chan	nge	Addition	
NAME				5.2 N	IAME										
STREET ADDRESS				5.3 S	TREET	TADDRES:	s								
CITY-ST-ZIP				5.4 C	aty-s	Γ- ZIP			_						
TITLE			☐ DELETE	6.1 T	TLE		1					Chan	ige	☐ Addition	
NAME				6.2 N	IAME										
077757 10701 00				638	TREET	TADDRESS	sl							}	

14. I herety certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0; (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 or the receipt 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 or Changer, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

April 19, 1999

Daytime Phone #

941-359-6739