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CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000066754**

GLOBESTAR INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

FILED Mar 17, 1999 8:00 am **Secretary of State**

03-17-1999 90091 046 ***150.00



300 FIFTH AVE. S. #300 300 FIFTH AVE. S. #300 NAPLES FL 34102 NAPLES FL 34102 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed --08/12/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 9853 Jamiami 59-3402959 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required te 20 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 34108 Country USA Zip Country 8. This corporation owes the current year Intangible Yes □No 29 Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent REEDER, DAVID note new Street Address (P.O. Box Number is Not Acceptable) 300 FIFTH AVE. S. #300 address NAPLES FL 34102 83 84 City 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, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 11TITLE TITLE PST REEDER, DAVID 1.2 NAME NAME 9456 SWEETGRASS WAY 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34108 1.4 CITY-ST-ZIP CITY+ST-ZIP ☐ Addition Change DELETE 2.1 TITLE TITLE REEDER, DEBORAH 2.2 NAME NAME 9456 SWEETGRASS WAY 2.3 STREET ADDRESS STREET ADORES: NAPLES FL 34108 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF DELETE 61 TILE ☐ Change □ Addition And or or TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 contoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)