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 # P9600068239

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90143 005 ***150.00

1. Corporation		0000200			
GLOBAL	. Judicial Support Ser	IVICES, INC.			
				T LORRINGER HIR ERRING CRILLA COMICE SALVA PRIME CRICIA CRICIA CRICA CRI	L LORIC ROOM
Principal Plac	e of Business	Mailing Address		i immilden tim i feste milit annt mårtt antit antit antit i milit i mi	1 1811 1841
1722 KELSO A	VENUE	1722 KELSO AVENUE			
LAKE WORTH		LAKE WORTH FL 33460		DO NOT HIDEE IN THE CRACE	
	•			DO NOT WRITE IN THIS SPACE	·
				3. Date Incorporated or Qualifed	
2.5	V	2a. Mailing Address	·	08/15/1996 4. FEI Number Applier	d F-r
<u>-</u> ¬ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				plicable	
21 Suite, Apt.	# atc	Suite, Apt. #, etc.		65-0736936 Not Ap	
22	<i>n</i> , etc.	27		5. Certificate of Status Desired Fee Requir	
City & Sta	te	City & State		6. Election Campaign Financing S5.00 May	
23		28		Trust Fund Contribution Added to Fe	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	——— ·	30	Personal Property Tax.	ylo
	9. Name and Address of Curre			10. Name and Address of New Registered Agent	
		,	81 Name		
THO)MPSON, DOUGLAS E		82 Street Add	ress (P.O. Box Number is Not Acceptable)	 -
4524 GUN CLUB RD., STE 101			62 Street Addi	ress (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33415			83		
	•.			·	
			84 City	FI 85 Zip Code	9
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508. Florida Statute	s, the above-named corr	poration submits this statement for the purpose of changing its regi	istered
office or a	registered agent, or both, in the Statem familiar with, and accept the oblic	e of Florida. Such change was au	ithorized by the corporati	on's board of directors. I hereby accept the appointment as registe	ered
	, , , , , , , , , , , , , , , , , , , ,	gations of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE:	Registered Agent signature require	d when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE	☐ Change	Addition
NAME	MCGUNAGLE, DOREEN M		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change	Addition
NAME	MCGUNAGLE, DENNIS M		2.2 NAME	•	
STREET ADDRESS		•	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		2. 4 CITY-ST-ZIP	المحموري مهينون والمحاورة	
TITLE		☐ DELETE	3.1 TITLE	[] Change	Addition
NAME			3.2 NAME	•	
STREET ADDRESS	1,		3.3 STREET ADDRESS		
CITY-ST-ZIP	ľ		3.4. C/TY-ST-ZIP	•	
TITLE		☐ DELETE	4.1 TITLE	☐ Change 〔	Addition
NAME	[**	4. 2 NAME		
STREET ADDRESS	Ì		4.3 STREET ADDRESS		
CITY-ST-ZIP	ļ		4.4 C/TY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change [Addition
NAME		<u> </u>	5.2 NAME		
STREET ADDRESS	j ·		5.3 STREET ADORESS	·	
	· ·		5.4 CITY-ST-ZIP	·	
TITLE	<u> </u>	☐ DELETE	6.1 TITLE	☐ Change	Addition
NAME			6.2 NAME	_ · ·	
STREET ADDRESS	ļ		6.3 STREET ADDRESS		
CITY-ST-ZiP	1		6.4 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 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, with all other like empowered.

SIGNATURE: