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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000072094 (1)

FILED Apr 17 1997 8:00am Secretary of State

GLOBAL SPO Principal Place of Bus 3616 W CYPRESS ST TAMPA FL 33607	Siness		Address CYPRESS ST FL 33607-4916							
							3. Date incorporated or Qualified 08/26/1996	3a. Da	ate of Last	Report
2. Principal Place of	Business	2a. Maili	ng Address				4. FEI Number			Applied For
1	26	Suite, Apt. #, etc. 27 City & State			57-096 3447			Not Applicable		
Suite, Apt. #, etc	 1				5. Certificate of Status Desired		~	Additional Regulred		
City & State	City					8. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees				
23 Ζιρ	Country	26		Cou	entn		Trust Fund Contribution			d to Fees
24]	25	29		30	ппу	,	8. This corporation has liability for Florida Statutes	intangible] Yes [r s. 199.032,
	lame and Address of Cur		Agent	1301			10. Name and Address of New Re			
LINGO, RO					81	Name				
	TWARD DR					Ours st. duide	(D.O. Davidson in No.	le)		
MIAMI SPRINGS FL 33166					82	Street Addr	ss (P.O. Box Number is Not Acceptable)			
With William Co. 1	W1100 1 E 00 100				83					
					84	City			85 Zi	p Code
						",		FL		•
SIGNATURE Signature	typed or printed name of registerer OFFICERS	d agent and lifte if applic	able (NC				coration submits this statement for the prior's board of directors. I hereby accepted when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE		
THE Pros	sident liam J. Motar 6 W. CYPRESS 4PA ,PZ 3360		DELETE	1,1 Ti	TLE				☐ Chang	e Addition
NAME WILL	liam J. Morar	<u>)</u>		1.2 N	AME					
STREEL ADDRESS 361	6 W. CYPRESS.	SI		1.3 \$	TREET	T ADDRESS				
CITY-ST-ZIP	4PA, FL 3360	7		140	TY-S	ST-ZIP				
TITLE			DELETE	2.1 Ti	ILE				Chang	e 🔲 Addition
NAME				2.2 N	AME					
STREET ADDRESS				2.3 \$	rree1	T ADDRESS				
CITY-ST-2IF						ST-ZIP	· · · · · · · · · · · · · · · · · · ·			T
THRE			☐ DELETE	3.7 11		1			☐ Chang	e 🛄 Addition
NAME				3.2 N						
STREEL ADDRESS				1		T ADDRESS	•			
CITY - ST - ZIP			DELETE	34. C 4.1 T)		ST-ZIP			☐ Chano	e Addition
TITLE			☐ DELETE	1		\			L Chang	פ ביין אטטוווטי
NAME				4.2 %						
STREET ADDRESS				- 4		T ADDRESS				
CITY - ST - ZIP			DELETE	5.1 TI		ST-ZIP			Chang	e Addition
NAME				1						
STREET ADDRESS				52 N		- 1				
CHY-ST-ZIP				5.2 N 5.3 S		TADDRESS				
				5.3 S	IREET	T ADDRESS ST-7IP				
TITLE			□ DELETE	5.3 S	IREET	T ADDRESS ST-ZIP			Chang	e Addition
			DELÉTE	5.3 S 5.4 C	TREET TY-S				Chang	e Addition
TITLE			☐ DELÉTE	5.3 S 5.4 C 6.1 TI 6.2 N	TREET TLE AME				Chang	e 🔲 Addition
TITLE NAME	7		DELETE	5.3 S 5.4 Cl 6.1 Tl 6.2 NJ 6.3 S	TREET TLE AME	ST-ZIP		<u></u>	☐ Chang	e Addition

rsupplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the port or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that pration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I do hereby certify that the informatic information indicated on this annual I am an officer or director of the low appears in Block 12 or Block 12 it is