

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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90127 012 \*\*\*150.00

DOCUMENT # P96000074906

1. Corporation Name  
GLOBENET STOCK EXCHANGE, INC.

Principal Place of Business  
222 W. COMSTOCK AVE.  
WINTER PARK FL 32789

Mailing Address  
222 W. COMSTOCK AVE.  
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/10/1996

4. FEI Number  
59-3420974

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 507 N. New York Avenue

2a. Mailing Address  
26 507 N. New York Avenue

Suite, Apt. #, etc.  
22 Suite 200

Suite, Apt. #, etc.  
27 Suite 200

City & State  
23 Winter Park, Florida

City & State  
28 Winter Park, Florida

Zip Country  
24 32789 25 USA

Zip Country  
29 32789 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIELDS, RANDOLPH H  
111 NORTH ORANGE AVENUE #2050  
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 *W. C. Harris*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

4/29/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCOD  
NAME MAGILL, LOUIS C  
STREET ADDRESS 115 LONGBRANCH ROAD  
CITY-ST-ZIP WINTER PARK FL 32792 ☐ DELETE

1.1 TITLE P/D  
1.2 NAME Louis C. Magill ☒ Change ☐ Addition  
1.3 STREET ADDRESS 115 Longbranch Road  
1.4 CITY-ST-ZIP Winter Park, FL 32792

TITLE CCEO  
NAME SEMONES, BOB  
STREET ADDRESS 4080 TENITA DRIVE  
CITY-ST-ZIP WINTER PARK FL 32792 ☐ DELETE

2.1 TITLE C/D ☒ Change ☐ Addition  
2.2 NAME Semones, Bob  
2.3 STREET ADDRESS 2220 Fairglen Way  
2.4 CITY-ST-ZIP Winter Park, FL 32792

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

3.1 TITLE V/S/T/D ☐ Change ☒ Addition  
3.2 NAME Willsey, Alan G.  
3.3 STREET ADDRESS 5123 Belleville Avenue  
3.4 CITY-ST-ZIP Orlando, FL 32812

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ 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 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: *Alan G. Willsey* 4/29/99 407-599-9900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)