

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 18 1997 8:00am
Secretary of State

DOCUMENT # P96000076365 (1)

1. Corporation Name

GLOBAL INTERACTIVE NETWORK SYSTEMS, INC.



Principal Place of Business

Mailing Address

3837 NORTHDAL BLVD
STE 271
TAMPA FL 33624

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STE 271
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/12/1996

4. FEI Number

Applied For

59-3399324

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4119 Gunn Hwy

26 4119 Gunn Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 14

27 Suite 14

City & State

City & State

23 Tampa FL

28 Tampa FL

Zip

Country

Zip

Country

24 33624

25 USA

29 33624

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

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

Stephen B. Bien

STEPHEN BIEN

8/14/97

Signature, add or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BIEN, STEPHEN B
STREET ADDRESS 3722 LANDINGS WAY DR APT. 208
CITY-ST-ZIP TAMPA FL 33624

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Daniel E. Colon
1.3 STREET ADDRESS 505 Plaza Seville Court. #11
1.4 CITY-ST-ZIP Treasure Island, FL 33706

TITLE D ☐ DELETE
NAME WEIR, STEPHEN J
STREET ADDRESS 15321 MORNING DR
CITY-ST-ZIP LUTZ FL 33549

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME WHITEMARSH, DAVID
STREET ADDRESS 15501 BRUCE B. DOWNS BLVD. APT 3208
CITY-ST-ZIP TAMPA FL 33647

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HOUCK, AARON
STREET ADDRESS 16115 SANDERST WAY
CITY-ST-ZIP TAMPA FL 33618

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E034 (4/97)