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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000078937**1. Corporation Name

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90061 046 ***150.00

GLUBAI	l partners in Networki	NG, INC.			
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Principal Plac	ce of Business	Mailing Address		4 IMBSIMBS ICE SDRIN USIUS KAINI DERIT OBIIC ON	
3701 NW 126T	TH AVE. SUITE B	3701 NW 126TH AVE. SUI	TE B		
CORAL SPRIN	GS FL 33065	CORAL SPRINGS FL 33065	5		
				DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed	
2, Principal F	Place of Business	2a, Mailing Address	 	09/23/1996 4. FEI Number	
21	acc of Business	2a. Mailing Address		65-0707899	Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		00.0101099	Not Applicable \$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year i	
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	g. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent
N.C.II	EN BODIN A		81 Name		
	LEN, ROBIN A		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	1 NW 126TH AVE, SUITE B		0.0007700	incos (1.0. box radinasi is not Acceptable)	1.0 20.041 10011.1
COF	RAL SPRINGS FL 33065		83	1.12.5 1.1913 2.1973	· 注入的 1985
			84 City		
				F	85 Zip Code
a a					
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpose	of changing its registered
11. Pursuant office or i agent. I a	to the provisions of Sections 607.050; registered agent, or both, in the State of am familiar with, and accept the obligat	2 and 607.1508, Florida Statut of Florida. Such change was a tions of, Section 607.0505, Flo	es, the above-named corp authorized by the corporational statutes.	poration submits this statement for the purpose con's board of directors. I hereby accept the app	of changing its registered pointment as registered
11. Pursuant office or i agent. I a	am tamiliar with, and accept the obligat	lions of, Section 607.0505, Flo	es, the above-named corp authorized by the corporati rida Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its registered cointment as registered
agent. I a	am familiar with, and accept the obligat	t and title if applicable. (NOTE:	rida Statutes, Registered Agent signature require	ed when reinstating)	
SIGNATURE	Signature, typod or printed name of registered agen OFFICERS AN	tions of, Section 607.0505, Flo t and title if applicable. (NOTE D DIRECTORS	rida Statutes, Registered Agent signature require		AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typod or printed name of registered eigen OFFICERS AN	t and title if applicable. (NOTE:	:: Registered Agent signature require 13. 1.1 TITLE	ed when reinstating)	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN D NEILEN, ROBIN A	tions of, Section 607.0505, Flo tiand title if applicable. (NOTE D DIRECTORS	: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ed when reinstating)	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN D NEILEN, ROBIN A 3701 NW 126TH AVE, SUITE B	tions of, Section 607.0505, Flo tiand title if applicable. (NOTE D DIRECTORS	: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating)	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN D NEILEN, ROBIN A	t and title if applicable. (NOTE: D DIRECTORS DELETE	: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating)	AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN D NEILEN, ROBIN A 3701 NW 126TH AVE, SUITE B	tions of, Section 607.0505, Flo tiand title if applicable. (NOTE D DIRECTORS	Title 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ed when reinstating)	AND DIRECTORS IN 12
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN D NEILEN, ROBIN A 3701 NW 126TH AVE, SUITE B	t and title if applicable. (NOTE: D DIRECTORS DELETE	Title 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 NAME 2.2 NAME	ed when reinstating)	AND DIRECTORS IN 12 Change Addition
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SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN D NEILEN, ROBIN A 3701 NW 126TH AVE, SUITE B	t and title if applicable. (NOTE: D DIRECTORS DELETE	Title 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 STREET ADDRESS 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ed when reinstating)	AND DIRECTORS IN 12 Change Addition Change Addition
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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 Authoral other like emprovered.

SIGNATURE: