

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 24 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000079249 (4)

1. Corporation Name
GLOBAL VENTURES CORPORATION

Principal Place of Business

1133 BAL HARBOR BLVD #1139-221
PUNTA GORDA FL 33950

Mailing Address

1133 BAL HARBOR BLVD #1139-221
PUNTA GORDA FL 33950-6577

3. Date Incorporated or Qualified

09/23/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 1255 TARPON CENTER DR

2a. Mailing Address

26 P.O. Box 558

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE # 505

27

City & State

City & State

23 VENICE FL

28 VENICE FL

Zip

Country

Zip

Country

24 34285

25 SARASOTA

29 34284

30 SARASOTA

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RIMES, NANCY L
427 N SHORE DRIVE
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name

JOSEPH J. POLZAK

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

1255 TARPON CENTER DRIVE

83

UNIT # 505

84 City

VENICE

FL

85 Zip Code

34284

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

Signature, typed or printed name of registered agent and applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

JOSEPH POLZAK, VICE PRESIDENT / SECRETARY 4/15/97

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT J. POLZAK	
1.3 STREET ADDRESS	1255 TARPON CENTER DR. #505	
1.4 CITY-ST-ZIP	VENICE FL 34285	
2.1 TITLE	V/T/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOSEPH J. POLZAK	
2.3 STREET ADDRESS	1255 TARPON CENTER DR. #505	
2.4 CITY-ST-ZIP	VENICE FL 34285	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)