## 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 # P96000084171 (3)

1. Corporation GLOBAL Principal Place 6580 PONDAPF BOCA RATON	EQUITY GROUP, INC.  e of Business  PLE ROAD	Mailing Address 6580 PONDAPPLE ROAD BOCA RATON FL 33433-18	227		
DOON HATON	1 - 00000		·•·	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		10/11/1996 4. FEI Number	Applied For
21		26		W. FEI HOIMBOI	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	r intangible tax under s. 199.032,
24	25		30		Yes No
ALAC	g. Name and Address of Cu	rrent Hegistered Agent	81 Name	10. Name and Address of New R	legistered Agent
_ AMERILAWYER CHARTERED 343 ALMERIA AVENUE				PIN NUDBAL	
CORAL GABLES FL 33134			82 Street Addr	ess (P.O. Box Number is Not Accepta	adie)
			83 (958	O PONDAPPLE RD.	
į			84 City <b>B</b> 00	A RATON	FL 85 Zp Code 3
SIGNATURE	to the provisions of Sections 607 ogistered addings of the provision of th	ישוא ואששווו	es, the above-named corporate the corporate co	oration submits this statement for the ion's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered  28, 97  DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TH'LE NAME	pstd Wein, hubert	☐ DELETE	1.1 TITLE		Change Addition
i i		·	1.0 698.646		
L STREET ATIOMESS 1			1.2 NAME 1.3 STREET ADDRESS	•	
STREET ADDRESS  CITY-ST-ZIP	6580 PONDAPPLE ROAD BOCA RATON FL 33433	·	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
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4. 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 of 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 (14) anged, or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

INATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 28,97

\*\*\*165.00

561-852-186

**FILED** 

May 06 1997 8:00am

Secretary of State

Daylime Prione II