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

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000088924 (1)

GLOBAL RESEARCH CORPORATION, INC.

Principal Place of Business Mailing Address 8020 SHAMROCK NORTH TALLAHASSEE FL \$2308 3029 SHAMROCK NORTH TALLAHASSEE FL 32308-2702 3. Date Incorporated or Qualified 3a. Date of Last Report 10/29/1996 2. Principal Place of Business 2a. Mailing Address **FEI Number** Applied For 59-340" Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 **Elorida Statutes** Yes No 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name **GOLDBERG, STUART E ESQ.** 211 EAST VIRGINIA STREET 62 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE ___ Addition 1.1 DILE WANG, HSU-PIN NAME 1.2 NAMI 3029 SHAMROCK NORTH STREET ADDRESS 1.B STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-7IP 1.4 CRY-ST-ZIF DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2B STREET ADDRESS CITY-ST-ZIP 2,4 CHY-ST-7IP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAMI STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-S1-7F DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4.2 NAMI STREET ADDRESS 4,3 STRELT ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6₽ NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

63 STRELT ADDRESS

64 CITY-ST-7IP

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DELETE

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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if

Channe

Change

Addition

Addition

FILED

May 02 1997 8:00am

Secretary of State