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

**PROFIT** CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P96000099282 (1)

GLOBAL NET RESCORCE INC.			
Principal Place of Business	Mailing Address		
21218 ST. ANDREWS BLVD. BOCA RATON FL 33433	21218 ST. ANDREWS BLVD. BOCA RATON FL 33433		

**FILED** Jul 07 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address			
	*	•	אואס		
21218 ST. ANDREWS BLVD.  3 BOCA RATON FL 33433  BOCA RATON FL 33433					
2				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
6 Deigning D	lace of Business	2a. Mailing Address		12/09/1996 4. FEI Number	11
21 Principal P	lace of Business	F1			Applied For Not Applicable
Suite, Apt.	#. etc	Suite, Apt. #, etc.		65-0711646	\$8.75 Additional
22	, 5.0	27		5. Certificate of Status Desired	Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Country	8. This corporation owes or has paid the o	` `
24 .	25	29	30	Personal Property Tax due June 30.	∐ Yes
	9. Name and Address of Curre		04 11	10. Name and Address of New Registere	d Agent
	PRPORATE CREATIONS ENTERF	Prises inn.	81 Name		
	21 PGA BLVD. STE 211		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PA	LM <b>B</b> EACH GARDENS FL 33418	3			
			83		
			84 City		85 Zip Code
•				F	
office or r	egi <b>ster</b> ed agent, or both, in the Stati	e of Florida. Such change was	s authorized by the coroora	rporation submits this statement for the purpose	of changing its registered oppointment as registered
agent I a	m familiar with, and accept the oblig	gations of, Section 607.0505, I	Florida Statutes.		
SIGNATURE			· · · · · · · · · · · · · · · · · · ·		
	Signature, typed or printed name of registered ag	perstand tire if applicable (No ND DIRECTORS	DTE: Registered Agent signature requ		ND DIDECTORO IN 10
TITLE THES	D OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AI	Change X Addition
NAME	<b>B</b> LISKO, STEVE		1.2 NAME	Tiffany Rowe Row	C vinaligo pa vinanioni
STREET ADDRESS	21218 ST. ANDREWS BLVD.		1,3 STREET ADDRESS	11218 St. Andrews Block	
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP	Juca Raton, FL 33433	
TITLE	<b>50</b> 0A 151101112 00400	DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		_ , _
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TOTLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		Ì
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TIFLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		Y5 1
STREET ADDRESS			5.3 STREET ADDRESS		77
CITY-ST-ZIP			5.4 CITY - ST - ZIP		- [1, 1
TITLE		DELETE	6.1 TITLE	managare 4 a	Change Addition
NAME			6.2 NAME	8000025819 -07/07/98010950	<u>~</u> 5
STREET ADDRESS	1		6.3 STREET ADDRESS		133
CITY-ST-ZIP			6.4 CITY - ST - ZIP	***158.75	

14. Thereby 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 or an attachment with an address.

4/28/98