AMENDEO						en e		APPROVEL
PRO)EIL		FLORIDA ANNUAL REPORT UPDĀTĒĒŪ					
CORPO		Sandra B. Mortham Secretary of State				F.S. 607.1622(7)		namina insta
ANNUAL REPORT		DIVISION OF CORPORATIONS			-	Filing Fee: 61.25	98	3 OCT 22 PM 2:
DOCUMENT 1. Corporation Nat	· · · · · · · · · · · · · · · · · · ·			· . -		S A	CRETARY OF ST LAHASSEE.FLC	
l -	et Resource Inc.							
Global Ne	et Resource nic.							
					·			
Principal Place of	Business	Mailing Address						
						7 D		Satura (Transport
						3. Date Incorporated or Qualified	3a. J	Date of Last Report
2 D :==:==1 Di :==	-CD:	10. X-10. A 11.		<u> </u>		12/9/96 4. FEI Number	ــــا	4 17
2. Principal Place of 21 1845 North I	Pine Island Road	2a. Mailing Address 26 1845 North Pine Island Road				65-0711646	ŀ	Applied For Not Applicable
Suite, Apt. #, etc.	- THO JOILING TYCHO	Suite, Apt. #, etc.						\$8.75 Additional
22		27				5. Certificate of Status Desired [Fee Required
City & State		City & State				6. Election Campaign Financing		\$5.00 May Be
23 Plantation F	FL	28 Plantation FL			. <u>.</u>	6. Election Campaign Financing Trust Fund Contribution		Added to Fees
Zip	County	Zip	County			8. This corporation has liability for s. 199,032, Florida Statutes		
24 33322	25 ame and Address of Current Re	29 33322	30	1	10 N	fame and Address of New Register	Yes	□ No
9.14	ame and Address of Current At	gistered Agent		81 Name	10.10	ame and Address of New Kegister	reu A	gent
Corporate Creations Enterprises Inc.								
4521 PGA Boul	levard #211			82 Street Address (P.		O. Box Number is Not Acceptable)		
Palm Beach Gar	rdens, FL 33418			83		· · · · · · · · · · · · · · · · · · ·		·
				84 City			Zin	Code
	_	. 4				FL 85		
11. Pursuant to the	provisions of Sections 607.1508,	Florida Statutes, the ab	ove-nan	ned corporation s	submits	this statement for the purpose of chard of directors. I hereby accept the	anging	ts registered office
agent. I am familia	r with, and accept the obligations	of, Section 607.0505, F	orida Si	tatutes.			-	
SIGNATURE	nature, typed or printed name of registered	agent and title of applicable.	_ (A	OTE: Registered Age	ent signatu	ire required when reinstating) DATE	E	<u> </u>
12.	OFFICERS AND DIREC		13.	ADD	ITIONS	S/CHANGES TO OFFICERS AND	DIRE	CTORS IN 12
TITLE	President Sherrie Blisko	☐ DELETE		TTLE			☐ Ci	nange
NAME STREET ADDRESS	1845 North Pine Island Road Plantation, FL 33322			NAME STREET ADDRES	SS			
CITY-ST-ZIP			1.4 (CITY-ST-ZIP				
TTILE NAME	Vice President Steve Blisko	☐ DELETE		TTLE NAME		00000267:	무증	nange
STREET ADDRESS	1845 North Pine Island Road Plantation, FL 33322			NAME STREET ADDRES	5 \$	-10/29/98-	-010	105002
CITY-ST-ZIP				CITY-ST-ZIP		*****61.2		*****61.25
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STREET ADDRESS	9			TREET ADDRES	ss			
CITY-ST-ZIP				JTY-ST-ZIP	-			Addition
TTILE NAME		☐ DELETE		itle Name			∟ cr	nange Addition
STREET ADDRESS	\$			TREET ADDRES	ss]
CITY-ST-ZIP		DELETE		CITY-ST-ZIP	-	<u> </u>	<u></u>	nange Addition
TITLE NAME		المصدر ال		TTLE NAME			_ ~	
STREET ADDRESS	d .		5.3. \$	STREET ADDRES	ss	, 1/2		Ì
CITY-ST-ZIP TITLE		☐ DELETE	1	CITY-ST-ŽIP TILE	 	10/22	☐ Ci	nange Addition
NAME				NAME		100,1010		_
STREET ADDRESS CITY-ST-ZIP		•		STREET ADDRES	ss	· \		
14. I do hereby cer	tify that the information supplied	with this filing does not	qualify	for the exemption	on stated	l in Section 119.07(3)(i), Florida Sta	atutes.	I further certify that
the information income oath; that I am an	dicated on this annual report or su officer or director of the dorporat	pplemental annual repo ion or the receiver or tr	rt is tru ustee er	e and accurate at npowered to exec	nd that r cute this	ny signature shall have the same less report as required by Chapter 607.	gal eff , Flori	ect as if made under da Statutes; and that
	in Block 12 or Block 13, dr on any	Jehment with an address	i. sidant h	v I. A. Hežorto os	s attorna	win-fact 10/2 100 CELL	41	C-0004
SIGNATURE	TONATURE AND INVESTOR PRINTED	NAME OF SIGNING OFFICE	R OR DI	RECTOR		ey-in-fact 10/21/98 954- Date Daytin	ne Phon	c #