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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

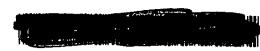
DOCUMENT # P9700000705 (8)

GLOBAL AUTOMATION PRODUCTS, INC.

NEUCH RECIEVED 199

1499 10014 FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90065 007 ***150.00



=∷

= ::.

Principal Plac	ce of Business	Mailing Address	NIBY	The state of the s
γ				
5201 GULF DRIVE. SUITE A HOLMES BEACH FL 34217 5201 GULF DRIVE. SUITE A HOLMES BEACH FL 34217				
	/ / / / / / / / / / / / / / / / / / / /	FOUNES DERON PL 34	217	DO NOT WRITE IN THIS SPACE
İ				3. Date Incorporated or Qualified
				01/03/1997
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21 314	TINE AUE	26		65-0731786 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				\$9.75 445
2 A 10 Box 1760 27				5. Certificate of Status Desired Fee Required
City & State City & State			· · · · · · · · · · · · · · · · · · ·	
23 ANN	IN MARIA	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible
24 FC S	4216 25 U.S.M.	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED 81 Name 1) O Maria				
242 ALMEDIA AVENUE				
CORAL GABLES FL 33134				Address (P.O. Box Number is Not Acceptable)
83				3 CLARCH CHINC
			84 City	Ilouris Desart - 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1509. Elevide Statutes the characteristic for the provisions of Sections 607 0502 and 607 1509. Elevide Statutes the characteristics for the provisions of Sections 607 0502 and 607 1509. Elevide Statutes the characteristics for the provisions of Sections 607 0502 and 607 1509. Elevide Statutes the characteristics for the provisions of Sections 607 0502 and 607 1509. Elevide Statutes the characteristics for the provisions of Sections 607 0502 and 607 1509. Elevide Statutes the characteristics for the provisions of Sections 607 0502 and 607 1509. Elevide Statutes the characteristics for the provisions of Sections 607 0502 and 607 1509. Elevide Statutes the characteristics for the provisions of Sections 607 0502 and 607 1509. Elevide Statutes the characteristics for the characte				
office or r	egistered agent, or both, in the State of	Florida. Such change was	authorized by the corp	corporation submits this statement for the purpose of changing its registered paration's board of directors. I hereby accept the appointment as 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 tamitiar with, and accept the obligations of Section 607.0505, Florida Statutes.				
SIGNATURE	Signature, typed or printful name of registered about	U UANNI	CONNEC	167 4/28/98
12.	OFFICERS AND I		E: Registered Agent signature 13.	
TITLE	PTD	DELETE	LI RITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	CONNELLY, DANIEL L			Change Addition
STREET ADDRESS	520' GULF DRIVE, SUITE A		1.2 NAME	
CITY-SI-ZIP	HOLVES BEACH FL 34217		1.3 STREET ADDRESS	
TITLE	VSD	Locien	1.4 CITY - ST - ZIP	
NAME	CONNELLY, WENDY	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	•		2.2 NAME	
ĺ	5201 GULF DRIVE, SUITE A		2.3 STREET ADDRESS	
TITLE	HOLMES BEACH FL 34217		2. 4 CITY - ST - ZIP	
NAME		☐ DELETÉ	3.1 TITLE	Change Addition
			32 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE			3,4. CITY+ST-ZIP	
NAME		☐ DELETE	4.1 TITLE	Change Addition
- 1			4.2 NAME	
STREET ADDRESS	•		4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TOTLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADORESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE	-	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 000 CT 200	
14. I hereby ce	ertify that the information supplied with the	nis filing does not qualify for		in Section 119.07/3/ii). Florida Statutes I further contife that the information
14. I 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 suppliemental 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 Block 12 or Block 13 if changed, or on an attachment with an address.				

ock 13 if changed, or of an attentimelit with an address