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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000026276

Corporation Name

GLOBAL DEVELOPMENT & INVESTMENT, INC.

Principal Place of Business

Mailing Address

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90156 044 ***150.00

		1601-Forum Place #468 -						
1 " " - " - " - " - " - " - " - " - " -		WEST PALM BEACH FL-33401	DÔ NOT WRI		E IN THIS S	PACE		
					3. Date Incorporated or Qualifed 03/18/1997			
Principal Place of Business 2a. Mailing Address					4. FEI Number		Α	pplied For
21 777-BAST ATLANTICALES 777 BAST-ATLAN				AWE	65-0746194			lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22					5. Certifcate of Status Desired		-	Additional tequired
City & State			H PL	.	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip Country Zip 24 33483 25 USAs 29 33483 30			Country D		This corporation owes the curre Personal Property Tax.	_	igible ∐Yes	⊠No
Name and Address of Current Registered Agent					10. Name and Address of New Ro	egistered A	gent	
SHAW FILIOTS: 81 Name SPENOSIR TROY								j
SHAW, ELLIOT S' -1601 FORUM PLACE				82 Street Address (P.O. Box Number is Not Acceptable)				
#4 03 ·				_				
WEST PALM BEACH FL 33401 -				score	ON RIDGIE	FL	85 Zip	Code
44. Direction to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named compo					ration submits this statement for the r	ournose of ch	nanging it	s 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 filed or printed name of engistered agent	and title if applicable. (NOTE: Re	gistered Agent signa	ature required v	when reinstating)	DATE	<i></i>	
12.	OFFICERS/AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	ORS IN 12
TITLE	D/	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME /	TROY, SPENCER		1.2 NAME					i
STREET ADDRESS	15 RIDGE BLVD	•	1 3 STREET ADDR	RESS				Ì
CITY-ST-ZIP	OCEAN RIDGE FL 33435		1.4 CITY-ST-ZIP					
TITLE	8	DELETE	2.1 TITLE		· ·		Change	Addition
NAME	SHAW. ELLIOT S ESQ.		2.2 NAME					1
STREET ADDRESS	1601-FORUM PLACE, #403-		2.3 STREET ADDR	RESS				
CITY-ST-ZIP	WEST-PALM-BEACH FL-33401		2.4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAME					1
STREET ADDRESS	•		3.3 STREET ADDR	RESS				1
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4.2 NAME]
STREET ADDRESS			4.3 STREET ADOR	RESS				
CITY-ST-ZIP			4.4 CITY- ST-ZIP					
TITLE	-	☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME	ŧ		5.2 NAME					
STREET ADDRESS			5.3 STREET ADDR	RESS				1
CITY-ST-ZIP	·		5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	8.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDR	RESS				Ì
CITY-ST-ZIP			6.4 C/TY-ST-Z/P					

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE

AGNATURE AND TYPED OF PRINTED NINE OF SIGNING OFFICER OR DIRECTOR

3/3//19

Daytime Phone #