

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

FILED  
May 26 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS									
DOCUMENT # P970000440 <b>68</b>											
1. Corporation Name <b>GLOBAL PROPERTY MANAGEMENT INC.</b>											
Principal Place of Business <b>616 SW 16TH AVENUE FT. LAUDERDALE FL 33064</b>		Mailing Address <b>616 SW 16TH AVENUE FT. LAUDERDALE FL 33064</b>									
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>									
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>									
City & State <b>23</b>		City & State <b>28</b>									
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>								
3. Date Incorporated or Qualified <b>05-15-97</b>		3a. Date of Last Report <b>N/A</b>									
4. FEI Number <b>65-0788157</b>		Applied For <b>Not Applicable</b>									
5. Certificate of Status Desired <input type="checkbox"/>		Fee Required <b>\$8.75 Additional</b>									
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		Fee Required <b>\$5.00 May Be Added to Fees</b>									
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
9. Name and Address of Current Registered Agent  <b>JOHN LOWE 3901 NW 9TH AVE #8 POMPAÑO BEACH FL 33064</b>		10. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">81 Name</td> <td style="width:50%;"></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>85 Zip Code</td> </tr> </table>		81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	85 Zip Code
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82 Street Address (P.O. Box Number is Not Acceptable)											
83											
84 City	85 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
TITLE PD <input type="checkbox"/> DELETE NAME KEITH ROSSIGNOL STREET ADDRESS 2720 NE 8TH AVE #11 CITY-ST-ZIP FT. LAUDERDALE FL 33334	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP									
TITLE VPD <input type="checkbox"/> DELETE NAME 2720 NE 8TH AVE #11 STREET ADDRESS FT. LAUDERDALE FL 33334 CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP									
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP									
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	7.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP	8.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP									
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 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 upon attachment with an address.											
SIGNATURE: <i>[Signature]</i> <b>PRESIDENT</b>		Date <b>04-30-98</b> (954) 739-7376									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #									