

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

FILED  
May 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000077852 (6)**  
1. Corporation Name  
**GLOBALTEXT, INC.**



Principal Place of Business  
**1023 LIBERTY ST  
JACKSONVILLE FL 32206**

Mailing Address  
**1023 LIBERTY ST  
JACKSONVILLE FL 32206**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/09/1997</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-3466652</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>DAVIS, JOHN D 4543 WESCONNETT BLVD JACKSONVILLE FL 32210</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				<b>FL</b> 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT/DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>RONICA D. CURRY</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>351 ARLINGTON RD.</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32211</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>VICE PRESIDENT/DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>LEOLA CURRY</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>1090 FULLER LN.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>JACKSONVILLE, FLORIDA 32206</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>KAREN RILEY</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>1023 N. LIBERTY ST.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>JACKSONVILLE, FLORIDA 32206</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>TREASURER/DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>JOHN D. DAVIS</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>4543 WESCONNETT BLVD</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32210</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>SECRETARY/DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>SHEILA L. CURRY</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>5811 ATLANTIC BLVD.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32207</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>700002536415-26</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-05/27/98--01039--026</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***150.00</b>

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.

SIGNATURE: Y

4-30-1998

CR2E034 (10/97)