**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700098808

1. Corporation Name

GLOBAL DATA SERVICES, INC.

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90149 029 \*\*\*150.00



Principal P ace	of Business	Mailing Address						
25 RABBITS RUN 25 RABBITS R						DO NOT WRITE IN THIS	SPACE	
						Date Incorporated or Qualifed     11/17/1997		
2. Principal Pla	2a. Mailing Address				4. FEI Number	1	Applied For	
21		26				65-0795127 Not App		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<u>_</u>	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee F	Required
City & State		City & State				6. Electic n Campaign Financing Trust Fund Contribution		0 May Be to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Inta	ngible	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	: Registered Agent		L,		10. Name and Address of New Registered A	gent	
				81	Name			
	ALMARK CORPORATION : NORTHLAKE BLVD			82	Street A Id	ress (P.O. Bo.: Number is Not Acceptable)		
	E 1231			83				
P.ALM	I BEACH GARDENS FL 33410				0'5		85 Zip	o C ode
				84	City	FL	03 24	Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida, Such change was	s authorized	1 bv	the corporate	poration subm ts this statement for the purpose of coon's board of directors. I hereby accept the appoin	hanging i tment as	ts registered registered
SIGNATURE						ed when reinstating DATE		
	Signature, typed or printed nome of registered age	n' and title if applicable. (NO	13.	Agen	nt signature recuire	ad when reinstating DATE ADDITIONS/CHANGES TO OFFICERS ANS	O DIRECT	ORS IN 12
TITLE	P	DELETE	1.1 T	TIF		ADDITIONOLOGIANOES TO OTHER MAN	☐ Change	
NAME	BAIN, GARY		1.2 N					
STREET ADDR ESS	25 RABBITS RUN				TADDRESS			
	PALM BEACH GARDENS FL 3	3418	•	ITY-SI	i			İ
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CITY-ST-ZIP			5.4 C	ITY-S	T-ZIP			ŀ
TITLE		☐ DELETE	6.1 T	TLE			Change	e
NAME			6.2 N	AME				
STREET ADDRESS			6.3 S	TREET	TADDRESS			
CITY-ST-ZIP			6.4 C	ITY-\$	T-ZIP			

CITY-ST-ZIP 14. I here by 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 indically don't the annual report or supplemental annual report is true and accurate and that my signal are 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 change 1 or on an attachment with an address, with all other like empowered

SIGNATURE: