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FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000100445 (0)

1. Corporation Name
GLOBAL HEALTH AWARENESS, INC.



Principal Place of Business
301 CLEMATIS STREET, STE. 3000
WEST PALM BEACH FL 33401

Mailing Address
301 CLEMATIS STREET, STE. 3000
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/24/1997

2. Principal Place of Business
21 772 US Hwy 1

Suite, Apt. #, etc.
22 SUITE 102

City & State
23 North Palm Beach FL

Zip
24 33408

Country
25 USA

2a. Mailing Address
26 772 US Hwy 1

Suite, Apt. #, etc.
27 SUITE 102

City & State
28 North Palm Beach FL

Zip
29 33408

Country
30 USA

4. FEI Number
65-0800542

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAMPBELL, JOHN T
301 CLEMATIS STREET, STE. 3000
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
Jerry R. Erickson
82 Street Address (P.O. Box Number is Not Acceptable)
772 US Hwy 1
83 Suite 102
84 City
North Palm Beach FL
85 Zip Code
33408

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]
Signature, typed or printed name of registered agent and title if applicable

Jerry R. Erickson, Director

3-18-98
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ERICKSON, JERRY R
301 CLEMATIS STREET, STE. 3000
WEST PALM BEACH FL 33401 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMPBELL, JOHN T
301 CLEMATIS STREET, STE. 3000
WEST PALM BEACH FL 33401 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PRESIDENT/CEO/D
ERICKSON JERRY R.
772 US Hwy 1, SUITE 102
NORTH PALM BEACH, FL 33408 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
SECRETARY/TREASURER
CAMPBELL JOHN T
772 US HIGHWAY 1, SUITE 102
North Palm Beach, FL 33408 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 *[Signature]* 06 772 US Hwy 1, Suite 102, North Palm Beach, FL 33408

CR2E034 (10/97)