

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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90042 036 ***150.00

DOCUMENT # P98000013098

1. Corporation Name

GLOBAL BIODATA MANAGEMENT INC.



Principal Place of Business

9639 EATON GARDENS LANE C
FT. MYERS FL 33919

Mailing Address

9639 EATON GARDENS LANE C
FT. MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1998

4. FEI Number

65-0820407

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 8639 Eaton Gardens Ln

2a. Mailing Address

26 8750 GLADIOLUS DR

Suite, Apt. #, etc.

22 Ste. C

Suite, Apt. #, etc.

27 STE. 124

City & State

23 Fort MYERS FL

City & State

28 FORT MYERS FL

Zip

24 33919

Country

25 USA

Zip

29 33908

Country

30 USA

9. Name and Address of Current Registered Agent

KOVACHKI, HRISTO
9639 EATON GARDENS LANE C
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name HRISTO KOVATCHKI

82 Street Address (P.O. Box Number is Not Acceptable)

8750 GLADIOLUS DR STE. 124

83

84 City FORT MYERS

FL

85 Zip Code

33908

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

TITLE D ☐ DELETE
NAME KOVACHKI, HRISTO
STREET ADDRESS 9639 EATON GARDENS LANE C
CITY-ST-ZIP FT. MYERS FL 33919

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME KOVACHKI, HRISTO
1.3 STREET ADDRESS 8750 GLADIOLUS DR STE 124
1.4 CITY-ST-ZIP FORT MYERS, FL 33908

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME RADKOV, ROSEN
2.3 STREET ADDRESS 8750 GLADIOLUS DR STE 124
2.4 CITY-ST-ZIP FORT MYERS, FL 33908

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0444875