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
99 MAY 28 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000046491**
Corporation Name
GLOBAL FINANCIAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
5448 HOFFNER AVENUE (SUITE 301-302) ORLANDO FL 32812	5448 HOFFNER AVENUE (SUITE 301-302) ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1998

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-3512280 ☐ 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

9. **Name and Address of Current Registered Agent**

WONG, SHELDON ,
7020 LAKNER WAY
ORLANDO FL 33822

10. **Name and Address of New Registered Agent**

81 Name: Enid GONZALEZ
82 Street Address (P.O. Box Number is Not Acceptable): 5448 HOFFNER AVE.
83: Suite 302
84 City: Orlando FL 85 Zip Code: 32812

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: Enid Gonzalez — Enid GONZALEZ — 4-28-99
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, N.A.		
TITLE	President	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Enid GONZALEZ		1.2 NAME		
STREET ADDRESS	5448 HOFFNER AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL. 32812		1.4 CITY-ST-ZIP		
TITLE	VICE-PRESIDENT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	URIEL GONZALEZ, Jr.		2.2 NAME		
STREET ADDRESS	5448 HOFFNER AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL. 32812		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	05-07-1999 90158 042 $150.00	

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: Enid Gonzalez — 407/207-2555 — 4-28-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Area Code & Daytime Telephone Number — DATE

6/4/99 C