## 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

## DOCUMENT # P98000090798

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

04-29-1999 90269 025 \*\*\*158.75

GLOBAL ACCESS MARKET	TING, INC.				1818 ( 1818 <b>( 181</b> 8 )
Principal Place of Business	Mailing Address		{	ille ierik eelki leele i	9101 1011 1891
309 GULF BLVD. INDIAN ROCKS BCH FL 33785	309 GULF BLVD. INDIAN ROCKS BCH FL 3378	5	DO NOT WRITE IN TH	HIS SPACE	
}			3. Date Incorporated or Qualifed	113 SFACE	
			10/23/1998		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Ap:	olied For
21	26		59-3537240	<b>}</b> +	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 A	
22	27		5. Certificate of Status Desired	Fee Re	
City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23	28		Trust Fund Contribution	Added to	
Zip Country	Zip	Country	8. This corporation owes the current year	Intangible	
24 25	293	0	Personal Property Tax.	☐ Yes	□No_
9. Name and Addres	ss of Current Registered Agent		10. Name and Address of New Register	ed Agent	
D. 19751.1111 000507.11		. 81 Name			
BARTELMAY, ROBERT M		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	<del></del>	
309 GULF BLVD.	,	3-7 0			
INDIAN ROCKS BCH FL 3	3/85	83			
		84 City	<del></del>	leg Zin C	odo
		84 City	F	85 Zip C	ode
12. QF	FICERS AND DIRECTORS	egistered Agent signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE PRE5/C60/	DELETE	†.1 TITLE		☐ Change	☐ Addition
NAME ROBERT M	BARTELMAY  BLUD  KS BEACH, FL 33785	1.2 NAME			,
STREET ADDRESS 309 GULF	= BLUD	1.3 STREET ADDRESS			
CITY-ST-ZIP TUDUN R	ocks Beach FL 33785	1.4 CITY-ST-ZIP			
THILE?" - "	DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	• •	2.2 NAME	* ±		
STREET ADDRESS		2.3 STREET ADDRESS		-	**** `. ,
CfTY-ST-ZIP		2. 4 CITY~ ST- ZIP	·		
πLE	☐ DELETE	3.1 TITLE		Change	Addition Addition
NAME		3.2 NAME			
STREET ADDRESS	ı	3.3 STREET ADDRESS			
CITY-ST-ZIP		J.S STREET ADDRESS			İ
TITLE .	· · · · · · · · · · · · · · · · · · ·	3.4. CITY-ST-ZIP			
	☐ DELETE	l f		Change	Addition
NAME	☐ DELETE	3.4. CITY-ST-ZIP	•	Change	Addition
STREET ADDRESS	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change	Addition
STREET ADDRESS CITY-ST-ZIP		3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			•
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STREET ADDRESS CITY-ST-ZIP TITLE NAME AND ADDRESS COMMENTS TO THE TOTAL ADDRESS TO THE TOTAL	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME			
STREET ADDRESS CITY-ST-ZIP TITLE NAME AND ADDRESS COMMENTS TO THE TOTAL ADDRESS TO THE TOTAL	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS			•
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STREET ADDRESS CITY-ST-ZIP TITLE NAME AND ADDRESS COMMENTS TO THE TOTAL ADDRESS TO THE TOTAL	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE			•
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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 an appear in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #