## 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 # P98000098765

1. Corporation Name

GLOBAL FUNDING & INVESTMENTS GROUP, INC.

Principal Place of Business

Mailing Address

33 N. SUMMERLIN AVE. ORLANDO FL 32801

33 N. SUMMERLIN AVE. ORLANDO FL 32801

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90076 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

			3. Date Incorporated or Qualifed 11/20/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 33 N-Summenly	26			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5 Cartifacts of Classes Desired	\$8.75 Additional
22	27		5. Certifcate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Onlando, F) 3180	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip Co	ountry	8. This corporation owes the current year Intar	
24 32801 25 USH	29 30		T Gradital T Topolty Taxi	☐ Yes ☐ No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	gent
AMILED BADDY!		81 Name		
MILLER, BARRY L		82 Street Address (P.O. Box Number is Not Acceptable)		
33 N. SUMMERLIN AVE.				
ORLANDO FL 32801		83		
		84 City		85 Zip Code
-		-   -	<u> </u>	
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	<u></u> .			
Signature, typed or printed name of registered agent		ed Agent signature require		DIDECTORS IN 42
12. OFFICERS AND	DIRECTORS 13		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
The Gene Whither	, resuberer	TITLE		
NAME 1215 Tuskawile	r RN SHITC (0) 12	NAME		( 5
STREET ADDRESS 1313	A) 72700	STREET ADDRESS		j L
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE	ngs +1 32 100 14	CITY-ST-ZIP		Change Addition
		TITLE		
NAME		NAME		
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STREET ADDRESS		1		
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STREET ADDRESS		CITY-ST-ZIP		
CITY-ST-ZIP		TITLE		☐ Change ☐ Addition
TITLE		NAME		
NAME	<u>J</u>	STREET ADDRESS		
STREET ADDRESS		CITY-ST-ZIP		
CITY OT 7ID I	0.4	O11 1-01-41		

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: