

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90161 008 ***150.00

DOCUMENT # P98000102791

1. Corporation Name

GLOBAL PROPERTY INVESTMENTS, INC.



Principal Place of Business		Mailing Address	
2700 S. COMMERCE PKWY., STE. 305 WESTON FL 33331		2700 S. COMMERCE PKWY., STE. 305 WESTON FL 33331	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	
21		12/07/1998	
2a. Mailing Address		4. FEI Number	
26		Applied For	
Suite, Apt. #, etc.		<input checked="" type="checkbox"/> Not Applicable	
22		5. Certificate of Status Desired	
27		<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing	
23		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		7. This corporation owes the current year Intangible	
Country		Personal Property Tax.	
24		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		29	
30		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALTSCHUL, JOSEPH E 2700 S. COMMERCE PKWY., STE. 305 WESTON FL 33331		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	
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			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
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			
5.4 CITY-ST-ZIP			
6.1 TITLE			
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 REQUIRED: MONAGHAN 4 20 99 954-389-1829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)