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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

GLOBAL ENVIRONMENTAL GROUP, INC.

DOCUMENT # **S06981** (2)Principal Place of Business Mailing Address 19600 N US HWY ONE 19600 N US HWY ONE JUPITER FL 33469-2333 JUPITER FL 33469 3. Date Incorporated or Qualified 3a. Date of Last Report 10/04/1990 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0222705 Not Applicable Suite, Apt. #. etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LONGENECKER, SAMUEL 19600 N US HWY ONE Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33469 83 84 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 type in or printed has elected stered agent and tipe if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)PD DELETE Change Addition 1.1 TITLE LONGNECKER, SAMUEL 1.2 NAME 19600 N US HWY ONE 1.3 STREET ADDRESS JUPITER FL 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE

12. THE NAM: STREET ADDRESS CITY - ST - ZIP 11116 LONGENECKER, AGNES NAME: 2.2 NAME 19600 N US HWY ONE STREET ADDRESS 2.3 STREET ADDRESS Jupiter Fl CHY-ST-7IP 2. 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 0-1Y-S1-701 3.4. CITY - \$1 - ZIP DELETE Change Addition TiTLE. 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CHY ST ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP DELETE Addition Change 10116 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-709

14. If do 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 eath; 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

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SIGNATURE:

3-3-97 561-575-2277

FILED

Mar 12 1997 8:00am

Secretary of State