

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S23202** (2)

1. Corporation Name
GLOBAL HABITAT, INC.



Principal Place of Business: **5677 COLCORD AVE JACKSONVILLE FL 32211 US**
Mailing Address: **5677 COLCORD AVE JACKSONVILLE FL 32211 US**

3. Date Incorporated or Qualified: **01/08/1991**
3a. Date of Last Report: **01/19/1995**
4. FEI Number: **59-3086021**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent

**SWANGER, JOHN M
5277 MAGNOLIA CIR N
JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent

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 607.1503, 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: _____ (Date: _____) (Title: _____) (Address: _____) (City: _____) (State: _____) (Zip: _____)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JAQUETT, FRANK D	
STREET ADDRESS	3134 DALEHURST DR W	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SWANGER, JOHN M	
STREET ADDRESS	5277 MAGNOLIA CIR N	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Swanger, John M.	
23 STREET ADDRESS	5277 Magnolia Cir N.	
24 CITY-STATE-ZIP	Jacksonville, FL 32211	
31 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Swanger, Della M.	
33 STREET ADDRESS	5277 Magnolia Cir N.	
34 CITY-STATE-ZIP	Jacksonville, FL 32211	
41 TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Grissett, Jr., W. E.	
43 STREET ADDRESS	4741 Atlantic Blvd., Suite B-5	
44 CITY-STATE-ZIP	Jacksonville, FL 32207	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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.

SIGNATURE: *John M. Swanger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John M. Swanger

1/22/96 (904) 398-5500
DATE TIME

CR2E034 (12/95)