FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S27908** **(0)**

1. Corporation Name
GLOBAL LONG DISTANCE, INC.

Principal Place of Business	Mailing Address
~~7091 W COMMERCIAL BLVD~~ ~~SUITE 6K~~ ~~TAMARAC FL 33319-2148~~	~~7091 W COMMERCIAL BLVD~~ ~~SUITE 6K~~ ~~TAMARAC FL 33319-2148~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/28/1991**
3a. Date of Last Report: **02/28/1994**

2. Principal Place of Business	2a. Mailing Address
21 210 N. UNIVERSITY DR	26 210 N. UNIVERSITY DR
Suite, Apt. #, etc. 22 STE 502	Suite, Apt. #, etc. 27 STE 502
City & State 23 CORAL SPRINGS, FL	City & State 28 CORAL SPRINGS, FL
Zip / Country 24 33071 / 25	Zip / Country 29 33071 / 30

4. FEI Number: **65-0247169** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHEIB, ARLINE ~~7051 W COMMERCIAL BLVD~~ ~~TAMARAC FL 33317~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 210 N. UNIVERSITY DR STE 502 83 84 City: CORAL SPRINGS FL 85 Zip Code: 33071

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 _____ (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	SCHEIB, ARLINE	12 NAME		
STREET ADDRESS	~~7061 W COMMERCIAL BLVD, #6K~~	13 STREET ADDRESS	210 N. UNIVERSITY DR STE 502	
CITY-ST-ZIP	~~TAMARAC FL 33319~~	14 CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	~~ST~~	21 TITLE		☐ Change ☐ Addition
NAME	~~SIMON, ED~~	22 NAME		
STREET ADDRESS	~~7061 W. COMMERCIAL BLVD. STE 6K~~	23 STREET ADDRESS		
CITY-ST-ZIP	~~TAMARAC FL 33319~~	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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)(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.

SIGNATURE: Arlene Scheib 4/25/95 305-346-7288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0219030 CF