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 PM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S77364** **(5)**

1. Corporation Name
GLOBAL NAV-COMM., INC.

Principal Place of Business	Mailing Address
3634 S. WESTSHORE BLVD. TAMPA FL 33629	3634 S. WESTSHORE BLVD. TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/27/1991**
3a. Date of Last Report: **07/06/1994**

2. Principal Place of Business
21: 3640 S. Westshore Blvd
22: Suite, Apt #, etc.
23: City & State: Tampa, FL
24: Zip: 33629
25: County: Hillsborough

2a. Mailing Address
26: 3640 S. Westshore Blvd.
27: Suite, Apt #, etc.
28: City & State: Tampa, FL
29: Zip: 33629
30: County: Hillsborough

4. FEI Number: **59-3085356** ☐ 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

NEWMAN, CHRISTINE MARIE
3634 S. WESTSHORE BLVD.
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name: Newman, Christine Marie
82 Street Address (P.O. Box Number is Not Acceptable): 3640 S. Westshore Blvd.
83:
84 City: Tampa, FL 85 Zip Code: 33629

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) (Must be Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	NEWMAN, CHRISTINE MARIE	12 NAME	Newman, Christine Marie	
STREET ADDRESS	3634 S. WESTSHORE BLVD.	13 STREET ADDRESS	3640 S. Westshore Blvd.	
CITY ST ZIP	TAMPA FL 33629	14 CITY ST ZIP	Tampa, FL 33629	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		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: Christine Newman - Christine Newman 4/30/95 (813)839-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0001849 CP