

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

DOCUMENT # S82585

1. Corporation Name

GLOBAL INVESTMENT SERVICES, INC.

Principal Place of Business

497 SEMORAN BOULEVARD
SUITE 135
CASSEL BERRY FL 32707
US

Mailing Address

497 SEMORAN BOULEVARD
SUITE 135
CASSEL BERRY FL 32707
US

2. Principal Place of Business

21 222 LAKEVIEW AVE
Suite, Apt. #, etc.
22 160-385
City & State
23 WEST PALM BEACH FL
Zip Country
24 33401 25 USA

2a. Mailing Address

26 222 LAKEVIEW AVE
Suite, Apt. #, etc.
27 160-385
City & State
28 WEST PALM BEACH FL
Zip Country
29 33401 30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1991

4. FEI Number

65-0289964

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ROMANO, ROBERT R
497 SEMORAN BOULEVARD
SUITE 135
CASSEL BERRY FL 32707

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE P
NAME ROMANO, ROBERT R
STREET ADDRESS 335 SEASPRAY AVENUE
CITY-ST-ZIP PALM BEACH FL 33480
TITLE VP
NAME ROMANO, ROBERT R II
STREET ADDRESS 335 SEASPRAY AVENUE
CITY-ST-ZIP PALM BEACH FL 33480
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME ROMANO, ROBERT R.
1.3 STREET ADDRESS 335 SEASPRAY AVENUE
1.4 CITY-ST-ZIP PALM BEACH FL 33480
2.1 TITLE VP
2.2 NAME ROMANO, SUSAN E
2.3 STREET ADDRESS 335 SEASPRAY AVENUE
2.4 CITY-ST-ZIP PALM BEACH FL 33480
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)