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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **V24724** **(9)**

1. Corporation Name

GLOBAL RESEARCH NETWORK, INC.

Principal Place of Business	Mailing Address
1018 THOMASVILLE ROAD 108 TALLAHASSEE FL 32303 US	1701 THOMASVILLE RD SUITE 123 TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1992	3a. Date of Last Report: 05/12/1994
4. FEI Number: 59-3120333	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

8. Name and Address of Current Registered Agent

ARCIERO, JOHN P
2288 TUSCAVILLA RD
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	ARCIERO, KIM A	12 NAME	
STREET ADDRESS	1018 THOMASVILLE ROAD #106	13 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL 32303	14 CITY ST ZIP	
TITLE	CEO	21 TITLE	☐ Change ☐ Addition
NAME	ARCIERO, JOHN P	22 NAME	
STREET ADDRESS	1018 THOMASVILLE ROAD #106	23 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL 32303	24 CITY ST ZIP	700001424237 -05/03/95--01161-014 ****200.00
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	ARCIERO, JOHN P	32 NAME	****200.00
STREET ADDRESS	1018 THOMASVILLE RD. #106	33 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL 32303	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: John P. Arciero 4/27/95 222 4158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000419 CP