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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G85006 1. Corporation Name

GLOBAL REALTY CORP. OF PINELLAS

Principal Place	e of Business	Mailing Address) 14	-
28870 US HWY 19 NORTH 2451 MCMULLEN		2451 MCMULLEN BOOTH RI	BOOTH RD.				
SUITE 300 STE 200					DO NOT WRITE	IN THIS SPACE	
CLEARWATER FL 34621 CLEARWATER FL 34619 US					3. Date Incorporated or Qualifed	IN THIS STAGE	
•		00			02/15/1984		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
21	300 01 200000	26			59-2374143	No	t Applicable
		Suite, Apt. #, etc.				¬ \$8.75 /	Additional
27		27			5. Certifcate of Status Desired	Fee Re	equired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current		
24	25		30		Personal Property Tax.	☐ Yes	□No
-	9. Name and Address of Curren	t Registered Agent	0	1 Name	10. Name and Address of New Reg	istered Agent	
AND	ROS CORPORATION		ľ	Haine			
2451 MCMULLEN BOOTH RD.			8	2 Street Ad	dress (P.O. Box Number is Not Acceptable	e)	
STE 200			وا	3			
	ARWATER FL 34619		"	3			
, OLL	WITH TE OTOTO		8	4 City		FL 85 Zip	Code
		2 and 607 4500 Florida Statuto	s the ebe	vo named co	rporation submits this statement for the nu		registered
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 a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Statute	es.			
SIGNATURE	Signature, typed or printed name of registered ager	A I side if analisable (NOTC)	Desistend As	ant cionature requi	ired when reinstating)	DATE	 [
12.		ID DIRECTORS	13.	ont agricular rador	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE	DPV	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	BALL, JOHN V.		1.2 NAME				
STREET ADDRESS	28870 US HWY 19 N. #300		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY	ST-ZIP			
TITLE	P DELETE		2.1 TITLE			☐ Change	Addition
NAME	APONTE, CARLOS A		2.2 NAMI	<u>.</u>			
STREET ADDRESS	2451 MCMULLEN BOOTH SUIT	E 312	2.3 STRE	ET ADDRESS			Ì
CITY-ST-ZIP	CLEARWATER FL 33759		2. 4 CITY	-ST-ZIP			
TITLE		☐ DELETE 3.1		`		☐ Change	Addition
NAME			3.2 NAMI	<u>:</u> ,			1
STREET ADDRESS			3.3 STRE	ET ADDRESS			Į
CITY-ST-ZIP		,	3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	· · · · ·		4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ETADDRESS			1
CITY-ST-ZIP			4.4 CITY		·		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME ·		•	5.2 NAM		•	•	1
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAM				
CTDEET ADDDEEC			6.3 STRE	ET ADDRESS			

14. I hereby certify that the information supplied with this filling 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 present a 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 present as required by Chapter 607, Florida Statutes; 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 present as required by Chapter 607, Florida Statutes.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP