## 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

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90066 035 \*\*\*150.00

## DOCUMENT # 513727

1. Corporation Name

GLODAL	. ARUMATICS, INC.				
Principal Place	e of Business	Mailing Address		-)	01414 41817 91811 81814 81814 81813 1881
4290 16WA STI		4280 HOWA STREET "A"			
BENICA CA 94510-8160 BENICA CA 94510-8160				DO NOT WRITE IN	THIS SPACE
	·			3. Date Incorporated or Qualifed	THIS OF AGE
				09/23/1976	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2551	STANWELL DR #B	26 2551 STANWE	LL DR · #B_	59-1718655	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27			<u>.</u>
City & Stat	ord, CA 94520	City & State  28 CONCORD, CA	94520	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Zip	Country	28 CONCORD, CA	Country	This corporation owes the current year	
<del>_</del> ·	-4843 25 CONTRACOST	— · —			☐Yes ☐No
24,37320	9. Name and Address of Current	Registered Agent	LOWING COS	10. Name and Address of New Registe	ered Agent
			81 Name		
	LIPS, WILLIAM, ESQ.	•	82 Street Addre	ss (P.O. Box Number is Not Acceptable)	
	NE 1ST AVE., SUITE 908				
MIAI	MI FL 33132		83		
		ų	84 City		FL 85 Zip Code
SIGNATURE	or familiar with, and accept the obligation familiar with, and accept the obligation of federal specific or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE: Re	gistered Agent signature required		
		DIRECTORS		ADDITIONS/CHANGES TO OFFICER	
12.			1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	Change Addition
TITLE	PD	☐ DELETE		ADDITIONS/CHANGES TO OFFICER	
TITLE NAME	PD	☐ DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	
TITLE NAME STREET ADDRESS	PD	☐ DELETE	1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICER	☐ Change ☐ Addition
TITLE NAME	PD KAPLAN, MARVIN	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICER	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD	Stanwell DB B A 94520	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICEN	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD KAPLAN, MARVIN -4280 IOWA ST "A" 2551 BENIGIA CA Con cond	Stanwell DB B A 94520	1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICEN	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD KAPLAN, MARVIN -4280 IOWA ST "A" 2551 BENIGIA CA Con cond	DELETE  Stanwell DB  BA 941520  DELETE	1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICER	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD KAPLAN, MARVIN -4280 IOWA ST "A" 2551 BENIGIA CA Con cond	Stanwell DB B A 94520	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ADDITIONS/CHANGES TO OFFICER	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD KAPLAN, MARVIN -4280 IOWA ST A*- 255( BENIGIA CA Con cond	DELETE  Stanwell DB  BA 941520  DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ADDITIONS/CHANGES TO OFFICER	Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD KAPLAN, MARVIN  +280 IOWA ST A 251 BENIGIA CA Con cond	DELETE  Stan Well DB B  A 941520  DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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	ADDITIONS/CHANGES TO OFFICEN	Change Addition  Change Addition  Change Addition  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD KAPLAN, MARVIN  +280 IOWA ST A 251 BENIGIA CA Con cond	DELETE  DELETE  DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICEN	Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD KAPLAN, MARVIN  +280 IOWA ST A 251 BENIGIA CA Con cond	DELETE  Stan Well DB B  A 941520  DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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	ADDITIONS/CHANGES TO OFFICEN	Change Addition  Change Addition  Change Addition  Change Addition

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 of 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 chapters, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

FURE REMARYING APLAN

3-29-99

925-671-4400