FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 525803



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90060 025 ***150.00

GLOBAL I	DEFENSE PRODUCTS INC.										
Principal Place	of Business	Ma	ailing Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
38-01 23RD AVE.			1 23RD AVENUE								
ASTORIA NY 11105 AST			STORIA NY 11105					DO NOT WR	ITE IN THIS S	SPACE	
US US							3. Date Incorporated or Qualifed				
							02/14/197				
		120	2a. Mailing Address				4. FEI Number			Ap	plied For
2. Principal Pla	ace of Business		. Walling Address				13-288852	22			t Applicable
21		26	Suite, Apt. #, etc.							\$8.75	
Suite, Apt. #, etc.			27				5. Certificate of	Status Desired	. ⊔ 	Fee Re	quired
City & State			City & State				6. Election Can	npaign Financing		\$5.00	
—	•	28					Trust Fund C			Added t	o Fees
Zip	Country	1	Zip	Cou	ntry			tion owes the cui	πent year Inta	ingible	□No
24	25	29		30			Personal Pro	perty Tax.	D	Yes	
24	9. Name and Address of Current	Regi	stered Agent		<u> </u>		10. Name and A	Address of New	Registered A	agent	
			 		81	Name					
	ORPORATE SERVICES, INC.				82	Street A	ress (P.O. Box Num	ber is Not Accep	table)		
101 i	EAST COLLEGE AVENUE										
	BOX 1752				83						
TALL	AHASSEE FL 32302				84	City			· FI	85 Zip	Code
	to the provisions of Sections 607.0502				1 1	-			<u>FL</u>		registered
office or re agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligat	ions o	f, Section 607.0505, Flo	orida Sta	utes	,	ad when reinstating)		DATE		
	Signature, typed or printed name of registered agen OFFICERS AN	t and title		13.		n digitation of the	ADDITIONS/	CHANGES TO C	FFICERS AN	ID DIRECTO	ORS IN 12
12		אוט ט	☐ DELETE		ITLE					Change	☐ Addition
TITLE	P Fassoulis, S.G.		_	1.21	IAME						
NAME	20 WATERSIDE PLAZA			1.3 8	TREET	TADDRESS					
STREET ADDRESS	NY NY 10010			1.40	ITY-S	T-ZIP					
CITY-ST-ZIP	VD		☐ DELETE	_	TTLE					Change	Addition
TITLE	THOMPSON, ROBERT C			2.2	IAME						
NAME	ALC E ACOD OF			2.3	TREE	T ADDRESS					
STREET ADDRESS	NY NY 10010			2.4	CITY-S	ST-ZIP					
CITY-ST-ZIP	SD		☐ DELETE	3.1	TITLE					Change	☐ Addition
TITLE	SEFERIAN, DINO A.			3.2	NAME						
NAME	A AUDA OF MOUNIA			3.3	STREE	T ADDRESS					
STREET ADDRESS	MADRID SPAIN			3.4.	CITY-	ST-ZIP				F7 05	Addition
CITY-ST-ZIP TITLE	D		☐ DELETE	4.1	TITLE					Change	Addition
NAME	KANE, MICHAEL			4. 2	NAME						
STREET ADDRESS				4.3	STREE	T ADDRESS					
CITY-ST-ZIP	JACKSON HEIGHTS NY 11372	·	_	4.4	CITY-S	ST-ZIP				Change	Addition
TITLE	VD		☐ DELETE		TITLE					☐ Change	, Li Addition
NAME	CHLADEK, JAMES				NAME						
STREET ADDRESS	AN MARCHANDE DI AZA			5.3	STREE	ET ADDRESS					
CITY-ST-ZIP	NEW YORK NY 10010					ST-ZIP				☐ Change	Addition
TITLE			☐ DELETE		TITLE						
NAME					NAME						
STREET ADDRES	s			6.3	STRE	ET ADDRESS					
CITY OF 74D	1			6.4	CITY-	ST-ZIP					information

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 attackment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

S. G. Fassoulis, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(718) 204-0900