PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 590700

1. Corporation Name

| GLODAL | PROPERTIES REALIT, INC | <i>,</i> , | | | | | | | | | |
|--|--|-----------------------------|----------|---------------|---|----------|---|-------------------|----------|-----------------|--|
| Principal Place | of Business | Mailing Addres | s | | | | (160(D) QUAN HOLL BOUL BOUL WOLL FI | ili dirii didii d | | \$11 B1811 1981 | |
| CREST BLDG #112 CREST BLDG #112 | | | | | | | | | | | |
| 3601 SWANN AVENUE 3601 SWANN AVENUE | | | | | | | | | | | |
| TAMPA FL 33609 TAMPA FL 33609 | | | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | 3. Date Incorporated or Qualifed | | | | |
| | | | | | | | 10/21/1978 | | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Add | tress | | | | 4. FEI Number | | App | lied For | |
| 21 | _ | 26 | | | | | <u>59-2028110</u> | | | Applicable | |
| Suite, Apt. #, etcSuite, Apt. #, etc | | | #, etc | we was a sail | | | 5 Certificate of Status Desired | J \$ | 8.75 A | | |
| 22 27 | | | | | | | | | Fee Rec | · | |
| City & State City & State | | | e | | | | 6. Election Campaign Financing | י ני י | \$5.00 h | | |
| 23 28 | | | | | | | Trust Fund Contribution | | Added to | Fees | |
| Zip | Country | Zip | | Country | | | 8. This corporation owes the current | | | | |
| 24 | 25 | 29 | 30 | | | | Personal Property Tax. | | | □No | |
| | 9. Name and Address of Currer | t Registered Agen | <u> </u> | 81 | Mama | | 10. Name and Address of New Regi | Stered Age | ant | | |
| BUNN, STANLEY R. | | | | | | | | | | | |
| 3601 SWANN AVENUE | | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| SUITE 112 | | | | 83 | | | | | | | |
| TAM | PA FL 33609 | | | 84 | City | | | | 35 Zip C | ode | |
| | | Δ | | - 1 | , | | | FLI | , | | |
| office or re agent. I as SIGNATURE | Signature Ayped or printed frame of registered age | nt and title if applicable. | | Stered Ager | 1641 | 1.12 | ation submits this statement for the pure's board of directors. I hereby accept the | DATE | | | |
| 12. | / - | ID DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OFFIC | |] Change | Addition | |
| TITLE | PD / | Ц | DELETE | 1,1 TITLE | ŀ | | | i. | Change | ☐ Yddiggii | |
| NAME | BUNN, STANLEY R. | | | 1.2 NAME | | | | | | | |
| STREET ADDRESS | 5102 W. PLATT ST. | | | 1.3 STREE | TADORESS | | • | | | | |
| CITY-ST-ZIP | TAMPA FL | | | 1.4 CITY-S | T-ZIP | | | | 105 | Addition | |
| TITLE | D . | П | DELETE | 2.1 TITLE | | | | |] Change | Addition | |
| NAME | BUNN, CORBY L. | | | 2.2 NAME | | | | | | | |
| STREET ADDRESS | 10610 FAIRFIELD VILL DR | | | 2.3 STREE | TADORESS | | | | | | |
| CITY-ST-ZIP | TAMPA,FL | | | 2.4 CITY-S | T-ZIP | | | · • | 10 | | |
| ~TITLE | D | Li | | 3.1 TITLE | | | | |] Change | Addition i | |
| NAME | BUNN, KAREN W. | | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | ~10610 FAIRFIELD VILL DR | _ | | 3.3 STREET | TADORESS | | | | | ļ | |
| CITY-ST-ZIP | TAMPA FL | <u> </u> | | 3.4. CITY-5 | ST-ZIP | | | <u>_</u> | Charre | | |
| TITLE | | | DELETE | 4.1 TITLE | | | | , L |] Change | Addition | |
| NAME | | | | 4. 2 NAME | | | | , | | | |
| STREET ADDRESS | | | | 4.3 STREE | TADDRESS | | | | | Ì | |
| CITY-ST-ZIP | | | | 4.4 CITY-S | T-ZIP | <u> </u> | | | | | |
| TITLE | | | | 5.1 TITLE | | | | Ł |] Change | Addition | |
| NAME | | | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | | | | | TADDRESS | | | | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-S | T-ZIP | | | | 2.01 | | |
| TITLE | | | DELETE | 6.1 TITLE | | | | |] Change | ☐ Addition | |
| NAME | | | | 6.2 NAME | | 1 | | | | ł | |

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 appowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90072 024 ***150.00